# Lettsomian Lectures

ON THE

# NATURE AND TREATMENT OF ECZEMA;

## AND, INCIDENTALLY, THE INFLUENCE OF CONSTITUTIONAL CONDITIONS IN SKIN DISEASES.

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### LECTURE I.

*Eczema a standard of comparison for other diseases. Willan's labours; his view of eczema the correct one; misinterpretation of his work by moderns. Doctrines of Hebra, Wilson, and others compared with Willan's. Distinction to be made between stages and varieties. What eczema is, and what its true clinical varieties are.*

Mr. President and Gentlemen,—True to my colours, I have selected the subject-matter of my lectures from the field of dermatology. Desiring to be thoroughly practical, and remembering that the greatest difficulties and doubts cluster about the commonest matters in cutaneous medicine, I bethought me that it would be doing some real service to dermatology to attempt to clear away a few of the errors that obtain in regard to the most frequent of all diseases of the skin—one met with by the majority of practitioners in their practice daily—namely, eczema; and, moreover, to give an interpretation of its phenomena that may conduce to its more satisfactory treatment. But there is a special reason for the choice made. With pretty general consent, writers on cutaneous medicine lay stress upon a due comprehension of the characters and course of eczema as the best starting point whence to set out in the study of diseases of the skin as a whole; and they agree in looking upon eczema as the standard of comparison as regards pathological phenomena for all cutaneous mischiefs. Unphilosophical this arrangement undoubtedly is; but so completely has it been sanctioned by authority that learners and workers in dermatology cannot but accept it for the time, since it is doubtful if we shall make much satisfactory advance until we have obtained or given some clearer insight into this accepted standard of reference. Another reason will certainly commend itself in an emphatic and peculiar manner to this Society. I desire to defend the clinical doctrines of one who did, and does in that of his that survives him, great honour to the Medical Society of London,* but who, in the work he did, and the spirit in which he did it, is too much forgotten by the members of it, and, moreover, is often misunderstood and oftener misinterpreted by his successors: I refer to Willan. The occasion which presents itself to me for the purpose is a fitting one as regards the Society itself, and a happy one in relation to the peculiar stage to which dermatological science has advanced. For some years the Willanean system in principle has been vigorously attacked, especially by foreign writers; whilst none of our countrymen have been found defending it. The assault upon it has been chiefly directed, in the first place, against the item "eczema" in particular. A reaction seems to me impending; for the simple reason that observers are discovering that this system is capable of such development as will make it the best natural division of the diseases to which it relates. My strong belief, after careful clinical observation and considerable thought, is that, on the whole, Willan's rendering of eczema—which has been greatly misinterpreted—is the most philosophical, the truest to life, and compares favourably with the endless divisions and readings of that disease as given by modern authorities.

It is a matter of considerable regret that so few have made themselves personally acquainted with Willan's writings. The prevalent idea that Willan was a mere dermatologist is as erroneous as it is unfair. Before he penned a line upon cutaneous matters, he had for years being accomplishing a masterly grasp of the phenomena of diseases in general, and had analysed them with peculiar originality. Whatever special clinical appreciation of matters cutaneous he exhibited, is to be explained in great part by the fact of his having been the accomplished physician, and his bringing to bear the facts and analogies of the general to aid in the interpretation of those of the special subject. Because he was so accurate an observer of disease in general, therefore was he so successful in his dermatological pursuits.

[The speaker here entered into an elaborate account of the researches of Willan, of the condition of dermatology before his time, of the criticism of his views at the hands of his contemporaries, and proceeded to show that later writers have entirely misrepresented him as regards the principle upon which he classified.]

Moderns, with very general consent, regard Willan's terms as signifying initial lesions, or merely stages, and not as signifying the leading characters of the diseases at their height. This is an error that Englishmen should be most anxious to rectify.

Whilst Willan's contemporaries and immediate successors, as a whole, then, recognised the fact that in his scheme diseases were classed according to the most prominent features at the height of the development of these diseases, modern dermatologists have altogether lost sight of this fact; and, moreover, whilst profiting by his labours, and using the clinical data which he bequeathed, and incorporating them as part of their own systems, they at the same time are casting discredit upon him, and coining the term "Willanist" as one of derision. The great Hebra himself is an offender in this respect, and it is the more important to prove it since he occupies so prominent a position in the realm of dermatology, and largely influences men's beliefs. Speaking of the classification of such as Willan, Biett, Gibert, and others, which are based on one common plan, Hebra* says that these and others have, in fact, been the great cause of the erroneous notion that, for the recognition of a cutaneous disease, it is sufficient to determine the primary efflorescence which existed in that particular case; as though for the determination of a disease a single character is sufficient, although it be torn from its connexion with the other symptoms with which it is associated, and although all the other appearances which present themselves in the course of the case are left unobserved, and the only point investigated is, whether at its commencement the affected part presented a macule, a papule, a vesicle, a bulla, a pustule, or some other primary form of efflorescence! Hebra proceeds to indicate that all the erroneous conceptions of skin diseases which we meet with in all directions take their origin in the mistake he refers to, which divorces the local from any connexion with the general. Now, speaking for Willan, let me say that he never characterises—and this is the point I have been wishing to reach—affections according to their initial stage; nowhere will this be found in his writings. He says he wishes to constitute general divisions and orders of diseases "from leading and peculiar circumstances in their appearances." He names diseases after their leading features at the period of maturity. The initial lesion, or primary efflorescence, is nothing with him. More than this, he takes into account the general characters of the disease—he unites, and does not divorce, the general and the special—and its relation to constitutional states, and the like. He distinguishes between imperfect or abortive forms of eruption and characteristic and typical conditions. No one can read his description of eczema without seeing that he was fully alive to the fact that the early stage of the affection might be a redness, a papulation, and so on. Bateman, indeed, speaking the views of Willan, declares expressly that "the natural progress of many eruptions is to assume a considerable variety of aspect, so that it is only at some particular point of their course that their character is to be unequivocally decided." When, therefore, it is said in the future, that Willan arranged diseases according to their initial lesions, I hope everyone who hears me will repudiate it. Once and for all, let this point be understood, and let us evermore do Willan justice.

And now, what were Willan's views of eczema, the particular disease with which we are now more especially con-

* Willan gained the Fothergillian gold medal in 1780, for a thesis which included the outline plan of his after-arrangement of skin diseases.

* On Diseases of the Skin, vol. i., p. 45, New Syd. Soc., 1860.

cerned? What did he really mean by that disease? The term had half a dozen different meanings just before his day, as implied in the use of the synonymes, herpes fongeux, dartre vive, scabies fera, &c. In 1777, Lorry* employed it, as Hebra remarks, in the same sense as the ancients, and to a condition which reminds one of carbuncles and boils. Willan was more in accord, in his use of the term, with Ætius (A.D. 543), as in the passage "*eas ἐκζέματα ab ebulliente fervore Græci vulgo appellant*," when he defined the affection to be "characterised by an eruption of small vesicles on various parts of the skin, usually set close or crowded together, with little or no inflammation round their bases, and unattended by fever." That is to say, this was the typical condition of the disease at maturity. Three varieties were made,—E. simplex, the result generally of irritation occurring in exposed parts, and running on at times into a state like impetigo; E. impetiginodes, in which there are vesico-pustules, pain, heat, smarting, ichoration, fissuring, and the like, often seen in grocers' or bricklayers' itch, as the result of the irritation of lime or sugar; and E. rubrum, commencing as an erythema, but differing in the subsequent development of vesicles, accompanied by swelling of the integuments, great tenderness and itching of the skin, free ichorous discharge, fissuring, crusting and the like. Now Willan was perfectly aware of the varied appearances presented by eczema. In his description of eczema rubrum he speaks of the first stage being erythematous, and rough to the touch. What is this but the pityriasis rubra, or eczema squamosum of some moderns? He points out the frequent papulation. He says of a later stage that the "ichorous discharge is the most characteristic feature;" that "it stiffens linen;" "the surface has deep fissures," is covered "with partial scaly incrustations," and in the latest stage, "a roughness sometimes remains for a considerable period, like a slight degree of psoriasis."† Here we have the recognition of eczema ichorosum, eczema fendillé (or fissum), and eczema squamosum of authors again. Willan refers particularly to the relation between eczema and impetigo,‡ though he should have included certain of his porrigos under the latter term. He recognises certain stages of inflammation, but he does not dignify any of these by the title of a perfect disease. Now what have moderns done? Their cry is that eczema is not always vesicular, and therefore Willan is in error. True, vesicles are not always seen; Willan never asserted that we must always positively have vesicles. He affirmed only their typical significance; but he said that their formation was the "full height of the disease eczema." Hebra remarks§ that Willan described and delineated only certain forms of the affection, and thus left his contemporaries and successors abundant scope for further investigation, and gave different names to the same morbid appearances which belong to the several stages and varieties of eczema; and, on looking through the figures in his atlas, and the corresponding letterpress, we have no difficulty in recognising lichen agrius (pl. 4) in psoriasis diffusa, "peculiar to bakers" (pl. 11), in psoriasis palmaris (pl. 14), in the species of impetigo which he calls respectively I. figurata, sparsa, and scabida (pl. 34, 35, 36); and in his porrigo larvalis, P. furfurans, P. favosa, and P. faciei (pl. 37, 38, 41, and 42), not so many distinct maladies, but simply various forms assumed by eczema.

Now what form of eruption did Willan omit to notice? Hebra does not say. So-called eczema squamosum, papulatum, vesiculosum, rubrum, and impetiginodes he referred to, and these are all Hebra gives in his own system. As to the giving of names to different stages of eczema, this is not true save in two cases—viz., bakers' itch, which he certainly calls psoriasis, and porrigo, which is impetigo. He distinctly speaks of lichen agrius as terminating in impetigo,‖ and of the relation of eczema and the ordinary impetigos. What Willan on the whole avoided was the very thing of which Hebra accuses him—viz., the giving names to stages. Hebra does this himself, as his terms squamosum, papulosum, and vesiculosum testify. Willan's division is based on the general clinical features of the disease eczema in all its varieties. Three groups are made into E. simplex, E. rubrum (or the inflammatory form), and E. impetiginodes (or that in which pus is early and freely formed). These are true varieties, not stages; each variety includes stages of erythema, papulation, vesiculation, &c. It is this division which I shall defend.

I cannot pass by Mr. Erasmus Wilson's views,* for he is the representative of English dermatology. He makes an "eczematous" group of diseases, including eczema, psoriasis—by which he means chronic scaly eczema,—pityriasis, lichen, impetigo, gutta rosacea, and scabies. The particular item, eczema, Mr. Wilson divides then into pathological forms—into two groups, regular and irregular, besides those of form and localisation. The irregular forms of fissum verrucosum, sclerosum, mucosum, œdematosum, neurosum, need not be specially noticed, because accidental and secondary characters alone distinguish them. We require, therefore, to refer only to the regular forms of eczema—erythematodes, papulosum, vesiculosum, ichorosum, pustulosum, and squamosum. Now, I venture, with great respect for Mr. Wilson, to think that this division is objectionable, and tends to make us lose sight of the real disease. If we scan the six groups as they stand, we shall notice that the main feature is, after all, the occurrence of serous infiltration, which must necessarily tend to form vesicles, and then to give discharge. In the "erythematous" eczema, it is not the erythema, but "the infiltration of serum," that is diagnostic.† Scratch the erythematous stage, or watch it, and of its own course it weeps or discharges. Watch the papules, and they give out moisture, or are caused by serous infiltration.‡ The squamous stage is the *finale* of the other;§ the pustular stage is only one in which the secretion is modified;‖ the ichorous form speaks for itself. Therefore it is best to give one description for eczema which shall comprehend all these stages, and shall fix the attention on the main peculiarity, the tendency to discharge, which may be accompanied by those conditions which have suggested varieties.

Hebra makes, as you know, five varieties: E. squamosum, papulosum, vesiculosum, madidum, and impetiginosum. Now, how does Hebra get this division? Mainly by dividing eczema according to the results observed after the friction of croton oil into the skin in varying amount and extent. After recording what these results are, he says: "The above facts will surely suffice, with the help of clinical observation, to lead all experienced physicians to the same conviction to which my own studies have brought me, that eczema may be divided," &c. I demand that clinical observation should settle the case—by the aid of experimental research, if you like, but not in subservience to it. I am not prepared to admit that croton-oil friction necessarily induces a true eczema. And see at the same time into what a confusion Hebra gets by adopting this artificial scheme of dividing eczema. He says: "I do not consider the formation of vesicles, and subsequently of a moist surface deprived of its epidermis, as sufficient to characterise the disease." He cannot, of course, if he takes croton-oil eruption as his typical eczema, "but take in as *varieties* of the same malady all the morbid changes seen in the course of development and retrogression of the ordinary vesicular and moist eczema." (p. 86.) Why, surely, he admits that eczema is essentially a discharging disease; and the discharge feature of eczema he makes the only sure diagnostic point. He gives prominence to it in his description of the forms of eczema which he makes, as we may at once ascertain by referring to his descriptions of individual diseases.¶ This is the more recognisable in scrutinising those sections which give the differential characteristics of eruptions like eczema in appearance. For instance, the variety E. squamosum, which may be the beginning or end of an eczema, is distinguished from pityriasis rubra by the presence of "vesicles, crusts, and moist patches, which rarely fail to accompany true eczema, to however small an extent." (p. 121.) Cases of true pityriasis rubra cannot be termed an eczema, because "the oozing and the vesicles which belong to that disease are not present at any period of its duration."** In giving the distinguishing marks of lichen ruber and eczema, the same discharge or weeping feature is pointed to as the most important. Hebra, like many others,

* Tractatus de Morbis Cutaneis, 1777, esp. iii., p. 77.
† Bateman's Synopsis, 1813, pp. 254, 255.
‡ Pp. 146, 249-50, loc. cit.
§ Vol. ii., p. 79, loc. cit.
‖ P. 11, loc. cit.

* Diseases of the Skin, sixth edition.
† See Wilson's Diseases of the Skin, p. 139, lines 1—4, and 11—14.
‡ Wilson, loc. cit., p. 122.
§ Wilson, loc. cit., p. 141, line 26 et seq.
‖ Loc. cit., p. 141.
¶ As regards E. squamosum, vol. ii., p. 70, lines 15-20; E. papulatum, vol. ii., p. 87, lines 34-37; and E. vesiculosum, vol. ii., p. 86. The other varieties speak for themselves in reference to the point in question.
** Hebra, loc. cit., p. 70.

makes mere stages, *varieties* or forms of eczema. "A period of involution" suffices to be dignified by the position of a separate variety. Willan did not call stages varieties. His are true *varieties*, having special general characters, and embracing each the *stages* of redness, papulation, vesiculation, ichoration, and squamation, which he fully described, but which are now exalted by others into the position of varieties. Truly, he seemed to be speaking of the very errors into which we were likely to fall when he observed, in the preface to his work published in 1798: "they [modern authors] make artificial arrangements by no means consistent with each other; some reducing all the diseases under one or two genera; whilst others, too studious of amplification, apply new names *to different stages of the same complaint*. ..... There seems to be a peculiar impropriety in classing the diseases, as some have done, from hypothetical principles rather than from their obvious characteristic appearances."

But it was necessary that Hebra's *definition* of eczema should not imply the absolute necessity of discharge or vesiculation, because his eczema must include such things as the so-called papulous eczema and eczema marginatum. The last has now been shown to be a parasitic disease; hence we omit from the current eczema of the day one item which seemed to bear testimony to the fact that eczema may be a "dry" disease. Again, one of the two conditions making up the so-called "papulation" of eczema, and a consideration of which appeared to show the same thing, is not eczema at all. I refer to the papules formed by congested and erected follicles—those which are referred to by both Hebra and Wilson as being seen especially around the circumference of patches of eczema. Mr. Wilson distinctly calls this E. papulatum.* The condition is altogether accidental; it is not peculiar to eczema, but is common under any circumstances in which the skin is congested and irritated. The true papule of eczema is that one which—and Hebra refers to these particular papules, and describes them correctly—becomes a vesicle. It is not a congested follicle. Hebra says—in comparing the early stage of lichen ruber, for instance, with the papular stage of eczema,†—"This eruption, eczema, is attended with the formation of papules the size of millet-seeds or hemp-seeds, of a pale or dark red colour, presenting no scales, but containing a transparent fluid, which escapes on pressure being applied to them; ..... they are frequently accompanied by vesicles." In other words, the true papulation of eczema is early vesiculation; it differs from congested and erected follicles, and is also not true lichen. The argument therefore derived from a consideration of the fact that the papulation produced by congested follicles does not transform itself into vesiculation is worthless as indicating that eczema may be papular, and papular only. Now, excluding eczema marginatum and the papulation produced by congestion of the follicles, we have, even in Hebra's description of the disease eczema, the greatest prominence given to the discharge—that is *the* diagnostic feature of the affection; and when discharge occurs in eczema, there must have been, for however short a period, a vesicular stage. After all, then, Willan is not in error. But one more reference to Hebra. He remarks that he is "justified in laying down as a law that eczema appears and runs its course in five different varieties, which, arranged according to their relative intensity, will be—E. squamosum, E. papulatum, E. vesiculosum, E. rubrum *seu* madidans, and E. impetiginosum." This quotation at least leaves us no room to doubt that Hebra implies that these exist often as independent conditions from first to last. There is something more implied here than that these varieties are stages; they *appear*, we are told, *and run their course in five different varieties*. But Hebra, in his definition of eczema, says he includes all the morbid changes seen in the course of development or retrogression of the *ordinary vesicular and moist eczema*. He speaks, too, of the E. squamosum being the beginning or the end of eczema, whose diagnostic feature is discharge; of papules that become vesicles, and of vesicles that become pustules; in fact, of transitions which make his varieties stages, and stages only. What does he, then, mean by affirming as a law that these stages appear and run their course as different varieties? In truth, so clinical as Hebra usually is, he is least clinical in his treatment of eczema. Need I say, Sir, that I differ from Hebra in the spirit, I hope, of a scientific man; and because I differ, it does not follow that I do not greatly respect his views.

In reviewing the discussions which have been carried on with regard to the nature of eczema in recent times, therefore, we notice several kinds of erroneous observations. In the first place, cutaneous pathologists have not attended to the history of the disease as a whole; secondly, they have taken imperfect developments as the satisfactory representations of the disease, or an exceptional state—such as an abortive form—as such; thirdly, they have confounded similars with identicals, as in the case of the several papulations seen in connexion with eczema; and, fourthly, they have erred in imperfect observation, especially forgetting to seek for the evidence of transitional forms in the so-called "varieties" of eczema, and in including under the latter, diseases different from it in nature, such as eczema marginatum, or, as it should be called, tinea circinata. Moreover, in subdividing eczema, they have elevated stages to the rank of varieties. Perhaps it may be well to let fall here a general recommendation in reference to the first of these points—that is, inattention to the history of eczema as a whole. When a case of cutaneous disease presents itself to the practitioner, and its aspect leads him to think it an eczema, the one question which should receive early solution is this: Does it discharge; or, if not, has it at any period of its existence wept, oozed, or discharged? A reply in the affirmative settles the diagnosis at once. Now my experience is, that the past history of such cases is neglected. It is easy to call a case of chronic scaly eczema an E. squamosum, and to assert that it has always presented its then existing characters—that it is a primary form of disease; but it is not true to fact. Let us remember that the majority of cases of eczema have existed a long time before coming under observation, and that important stages have passed in the meantime. Out of 859 cases which I quoted some years ago,* in all but 48 the disease was not seen by the reporter until it was more than a month old; in no less than 404 instances, until it was between one and ten years old; in 223, between one and six months old. If we were concerned with a case of pneumonia or pericarditis, we should distinguish between its late and early stages, and we should seek carefully for the latter. So should we deal with skin mischiefs.

You will demand of me now a definition of eczema, and a division into varieties free from the faults already mentioned. I think this can be given. But to that end, we should recognise more distinctly the discharge feature of eczema, and substitute that for Willan's vesiculation, as the character which is most peculiar to a typical case of the disease. The fact of discharge being present implies the antecedence of certain stages of inflammation, and the succession of follicular congestion, crusting, fissuring, induration, and so on. Let me put it thus: Eczema is an inflammatory (catarrhal) affection of the skin, which is mainly characterised by a peculiar discharge, stiffening linen, and drying into thin, yellow crusts. It has its stages in the fully-developed disease of erythema, papulation, vesiculation, discharge, pus formation, and squamation, which may each, under different circumstances, be more or less pronounced. As in all other inflammatory diseases, secondary results may follow, such as induration, fissuring, œdema, and the like. There are then essentials and accidentals, as in all other diseases. It was the essential features, the free vesiculation, or the occurrence of a special exudation, which at one stage of the disease uplifted the cuticle into vesicles, seen in well-marked cases, that attracted Willan's attention, and which he defined as characteristic. I think he was right and philosophical in what he did. I have before shown that he was fully acquainted with the stages of eczema called varieties or forms by modern writers, and that he expressly contended against the division of eczema into varieties according to its stages. But I have yet to give a division. You will have gathered, of course, that I seek to justify Willan's plan; and as I hope to have enlisted your own clinical experience on my side as regards the views expressed as to the history, so do I appeal to the same to substantiate the thorough clinical utility of Willan's three varieties. Take the first hundred cases of eczema that enter a clinique, and we shall be able at once to recognise that some eczemas are seemingly entirely local, being often induced by local

* Loc. cit., p. 132.
† Loc. cit., p. 63.

* British and Foreign Medical and Chirurgical Review, Jan. 1866, p. 160.

irritants. There is some, but not very much, inflammatory action—no implication of the deep tissues; and local remedies suffice for the cure. In other cases, several parts of the body are affected at one time; the local mischief is severe; there is much heat, and itching or burning sensations, perhaps pain; the cellular tissue beneath the skin is implicated in the mischief; the discharge is not only free, but irritative to the parts around, and the general system sympathises, whilst there may be distinct ill health, dyspepsia, a gouty diathesis, and the like. In a third class of cases, occurring in young and lymphatic children, there is very free and early formation of pus, out of proportion to the degree of inflammation as compared with the last form of eczema, indicating a pyogenic habit of body well marked. There is also free crusting, and often distinct evidence of the scrofulous diathesis in the family history. Now though these now and then run the one into the other—and there are no hard and fast boundary-lines in medicine,—yet on the whole the distinctions are clear, and the terms simplex, rubrum, and impetiginodes accurately portray these clinical varieties.

Pray let us simplify, as we may do, the whole question of eczema, and especially prime down the prolific nomenclature with which it has been associated. Some authorities have managed to describe twenty and more varieties, whilst three are alone necessary. Whilst we accept them as best in harmony with clinical observation, and as indicating most conveniently appropriate treatment, we should not forget that each must have its *stages*; that these stages may, under different circumstances, be better marked at one than another time, according to the age of disease at which the physician sees it, and the intensity of its expression; and that our conception of eczema must be, not piecemeal, but one inclusive of all its stages as one whole affair. If we speak of stages, let us call them stages, and be chary of the abuse of the term variety.

Whether right or wrong in my opinions, at least it is after very considerable thought, and much canvassing in the presence of actual disease, that I have arrived at the conclusion that Willan's arrangement and general description of eczema is the best yet written; and that, developed, and but slightly modified in accordance with the progress of pathological science, it is the truest to nature. It were unaccountable that Englishmen are so ready to let the views of our illustrious countryman, who died in 1812, be misinterpreted without a single protest, and the credit of establishing a true clinical reading of eczema be taken from one of themselves, but on the ground of the ignorance which prevails in regard to what he actually wrote.

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## ON THE OPHTHALMOSCOPIC SIGNS OF SPINAL DISEASE.

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THE use of the ophthalmoscope as an aid in the diagnosis of encephalic disease is gaining ground quickly, and attention is now being given also to its indications in diseases of the spine.

It is on this latter subject that I propose to make a few remarks. I fear I have little to offer to the reader in the shape of positive knowledge, or, indeed, of strongly supported conjecture; but I think a review of the facts as they stand at present, though of but little permanent value, may nevertheless so direct discussion and observation as to lead to the establishment of something definite. I am quite sure that in this way we shall arrive at facts which will be valuable in diagnosis, and which will have a remarkable value in pathology. In the meantime it would be, perhaps, an error to withhold my own observations from the printer because there is much which still perplexes me, and much more which is incapable of proof, if not of probable interpretation. In the present study, as in any other, it is easy to welcome new facts which will submit themselves to a favourite hypothesis; but if we resist this first temptation, and pursue our observations with industry and caution, we are presently made aware that the new facts are far more difficult of study than we had supposed, they turn out to be far less simple and uniform than at first they seemed, and they begin to refuse the shelter of the favourite hypothesis which appeared so convenient for them.

The facts I have to deal with here will be best discussed in the following order:—

Firstly. Do disturbances of the optic nerve and retina commonly follow spinal mischief?

Secondly. If so, then what kind of disturbances are they? And

Thirdly. What reason or reasons can we assign for their occurrence?

Firstly, then, are the accounts of disturbance of the inner eye secondary to spinal disturbance to be trusted? Of this there is little doubt: it is tolerably certain that disturbance of the optic disc and its neighbourhood is seen to follow disturbance of the spine with sufficient frequency and uniformity to establish the probability of a causal relation between the two events.

I have myself examined, from this point of view, 30 well-marked cases of *spinal injury*, and in 8 of these I found secondary disturbance within the eye. Of these cases, 17 were severe injuries which proved fatal within a few weeks, and in none of these did changes appear in the eye; the remaining 13 cases were of chronic spinal disease following accidents of less severity, and it was amongst these 13 that I discovered the 8 cases of sympathetic disorder in the eye. Of *acute myelitis* I have examined 5 cases, and in 1 only did eye disorder supervene. This remarkable case was of very long duration, and was followed by partial recovery; in it sympathetic disorder of the eye came on many weeks (twelve or thirteen weeks at least) after the subsidence of the acuter symptoms. The myelitis in all these 5 cases was in the lower dorsal or lumbar region. Of *chronic degenerations of the cord*, exclusive of locomotor ataxy, I have records of 9 cases. In 5 of these marked changes in the eye appeared.* In *locomotor ataxy* the occurrence of affection of the optic nerve is so well known that I think it scarcely worth while to sum up my notes of this disease. I wish now to make use of the three following conclusions in particular which my researches seem to indicate:—

1. That changes at the back of the eye do not infrequently follow spinal disease.

2. That these changes do not become established in the cases which run a short course, but they slowly supervene in the course of weeks or months in more chronic cases.

3. That in spinal disease arising from injury, the higher the seat of the injury the sooner are there changes in the eye. Of this last conclusion I have satisfied myself after a careful observation of well-marked cases. I have found that the optic changes follow injury to the spine more rapidly if, for example, the injury be in the upper cervical region than if it be in the lower cervical or in the upper dorsal region. One of the best-marked cases of eye disorder with spinal injury that has occurred in my own practice was in a man who had suffered an injury to the spine in the region of the atlas and third cervical vertebra. The injury was set up by a sudden twist of the head backwards and to the left. In him changes at the back of the eye appeared very quickly and decisively. The patient is still living, but it was clear from the symptoms that the lower cervical and upper dorsal regions were unaffected.

Having seen, then, that there are changes in the eye symptomatic of spinal disease, our second inquiry is, Of what kind are these changes? Confining ourselves to the optic nerve and the retina with their vessels, and omitting all reference to injection of the conjunctiva, or the state of the pupil, what kind of changes are dependent upon disturbance of the spine? I find that they may be well classified under two heads:—(1) Simple or primary atrophy of the optic nerve, sometimes accompanied at first by that slight hyperæmia and inactive proliferation which make up the state I have called chronic neuritis. This sort of change I have never found as a result of spinal injuries, but I have often met with it in chronic degeneration of the cord and in locomotor ataxy. (2) A somewhat characteristic hyperæmic change which I have not seen in chronic degeneration or in

* The above numbers refer only to cases which I have watched and noted carefully during a long period. A very much larger number of cases have come before me in a more or less passing way.

locomotor ataxy, but in cases of injury to the spine only. The retinal arteries do not dilate, but become indistinguishable; while the veins begin to swell and become somewhat dark and tortuous. The disc then becomes uniformly reddened, and its borders are lost, the redness or pinkness commencing with increased fine vascularity at the inner border, and which thence invades the white centre and the rest, so that the disc is obscured or its situation known only by the convergence of the vessels.* In many cases, rather than redness, I have observed a delicate pink—pink which sometimes passes into a daffodil colour. In one case, in particular—a railway accident,—which I examined in consultation with my friend and colleague, Mr. Teale, this daffodil colour of the whole field was very curious; no disc was to be distinguished, but the dark vessels stood out in beautiful relief.† The other eye presented the more common appearances of hyperæmia and serous effusion, with slight swelling. It is to be remarked that this state is generally or always of long duration; it passes very slowly up to its full development, and then shows a disposition to end in resolution rather than in atrophy. In those cases which I have been able to watch diligently for many months the pinkness seems slowly to have receded, leaving an indistinct but not very abnormal disc behind. Sometimes the sight suffers a good deal in these cases, sometimes but little or scarcely at all. I have never seen true optic neuritis with active proliferation as a sequel of spinal disease.

The third and most difficult inquiry now remains: What is the reason of the occurrence of these symptomatic changes—what are the processes which, following the changes in the spine and preceding the changes in the eye, link the two events together in the chain of causation? One answer has been lately offered to this question by a distinguished physiologist, Mr. Wharton Jones. His argument is, that when the cord is injured, the sympathetic nerve or its origins are involved; and that, as the sympathetic nerves govern bloodvessels and bloodvessels govern nutrition, therefore the changes in the nutrition of the eye are due to irritation of the sympathetic, which cuts off arterial blood from the optic nerve, or to the palsy of it, which deluges the nerve with blood. Mr. Jones, indeed, speaks as if dilatation of the arteries at and about the disc were a matter of direct observation. I can only say, after some experience with the ophthalmoscope in cerebro-spinal diseases, that this phenomenon has hitherto escaped me. A really satisfactory explanation of the concurrence of spinal and ophthalmic disorders cannot, in truth, be given until a far greater number of observers have been at work, and until careful autopsies have been made in such cases, with minute examination of the nervous tracts and centres. Meanwhile no doubt we must deal more or less in conjecture. The objections to the sympathetic-nerve theory, however, are manifold. The theory is not a new one, and in my lectures on the ophthalmoscopic symptoms of cerebro-spinal diseases I have already pointed out objections which seem fatal to it. In the first place, to call up the sympathetic system is to call up too potent an agency for the pressing difficulty. Are we to suppose that the irritated sympathetic causes the destruction of all connected parts; or that it starves the optic nerve by preference, while it leaves all other parts in its district unaffected? Or can a palsied sympathetic be the ruin of the optic disc, when its effects are unseen in the pupil, unseen in the conjunctiva, unseen in the ear and cheek? Again, it is a matter of verified observation, in numerous cases in which there have been most obvious signs of a palsied sympathetic in the ear, face, and outer eye, that in these very cases the back of the eye has been found unchanged. Such is the teaching of Dr. Wm. Ogle's case read before the Medical and Chirurgical Society on the 23rd March, 1869; and I have an equally instructive case under my own care at present. In this little boy, a blow upon the nape has set up "strumous" mischief in the cervical portion of the spinal column, with consequent palsy of the arms and legs. During the last few weeks, owing, no doubt, to a lateral extension of the mischief, the left sympathetic in the neck has also become involved, and we have the well-known signs in the left face—namely, narrowed palpebral aperture, injected conjunctiva, undilatable pupil, flushed cheek and ear, and temperature of the cheek ranging from 5° to 9° above the right cheek, except during a febrile access, when this difference ceases or is diminished. Now in this patient the symptoms of concurrent disorder of the optic nerve and retina were observed in both eyes many weeks before the affection of the cervical sympathetic occurred; the changes in the eye were of the second kind mentioned above—namely, hyperæmia with serous exudation; and there has been no change in the left disc, or in either disc, since the affection of the sympathetic.

Again, atrophy of the optic nerve, with or without chronic neuritis, is very different in its onset and in its course from the injected fundus; it shows a very different process, and it accompanies very different kinds of spinal disease: the presumption therefore is that one explanation will not serve for the two sets of phenomena. Moreover the atrophy, sometimes with chronic neuritis, is commonly met with in locomotor ataxy, and in degenerative conditions of the cord like unto it; but the part of the cord affected in these cases is often far away from the connexions of the cervical sympathetic; and we know, in addition, that while in locomotor ataxy the degeneration destroys the posterior roots, yet it invariably leaves their ganglia whole. These objections, not only taken together but also taken singly, are at least considerable, and in my opinion are fatal to a belief in the sympathetic nerve as the cause of those secondary disorders of the eye which we are discussing.

It is less easy to undertake to say what are the causes of disorder of the optic nerve and retina in spinal affections; I shall try, however, to find out in what direction the facts themselves seem to lie.

It is clear, first of all, that we have to do with two distinct kinds of consecutive disorder, and it is probable that they arise from distinct causes. Again, these changes are not peculiar to cases of spinal disease, but they are seen in encephalic disorders also; and, in default of evidence to the contrary, we must assume that their causation is identical or similar in the two cases. Now, this kind of hyperæmia, with serous exudation, when occurring in encephalic disorders, is, so far as my experience goes, very commonly associated with meningitis of the base; while atrophy or chronic neuritis is either not associated with meningitis, or, if associated with it, is clearly due to other causes—in particular, to disease of the encephalic vessels, to degeneration of the optic fibres or centres, to disseminate sclerosis, or to severance of the continuity of the encephalic optic fibres by pressure, local neuritis, and the like. Hence my former supposition, that the two kinds of change have different causes, is supported by my experience of their causation when dependent on encephalic conditions. Again, as I have said, this hyperæmic state seems to be less a destruction of the nerve than a protracted interference with its vascularity, and this state occurs rather with injuries of the spine than with chronic degenerations of the cord. In these latter cases, when any changes occur they appear not to be of the nature of a transient interference, but of an essential destruction. These facts seem to support the foregoing: injuries to the spine are very commonly followed by meningitis of a subacute character, while slow degenerations of the cord itself are either unattended by meningitis, or the meningitis is a mere local thickening not likely to spread.

In default of a series of autopsies, then, we seem to be led towards the conjecture that hyperæmia of the back of the eye, following injury to the spine, is probably dependent upon a greater or less extension of the meningeal irritation up to the base of the brain. Now, have we any reason to suppose that spinal meningitis does creep up into the encephalon? We have: for, setting aside the curious head symptoms such patients often present, here the actual demonstration of autopsy comes to aid us. It is tolerably well known to careful pathologists that encephalic meningitis is a very common accompaniment of spinal meningitis. I am glad to be able to enlist Mr. Wharton Jones on my own side in this, who makes the same statement himself on the authorities of Ollivier and Abercrombie. It is scarcely needful to point out that if this explanation of an ascending meningitis be the correct one, it accords with my observation, stated above, that, in general, the higher the injury to the spine the sooner the affection of the eye.

Finally, we have learnt, from our experience of encephalic diseases, to attribute atrophy of the discs to severance of the

* I need not say that the disc has in reality no borders, but only apparent borders, which are readily blotted out by any loss of transparency in the retina.

† I think these colours are due to the loss of retinal transparency and the blending of its acquired reflections with those of the coats behind it. The state is, I believe, an incomplete or a receding ischæmia papillæ.

optic nerve-fibres, to sclerosis in patches, or to travelling degenerations, rather than to meningitis. Very commonly it is due to what, for brevity's sake, we may call Wallerism, from the well-known experiments of Waller upon the travelling degenerations of nervous fibres. Now, as I have said, atrophy of the discs is seen, not in injuries of the spine, but in slow degeneration of the cord—in cases, that is, where meningitis is usually absent or inactive; and it is seen most frequently by far in that degeneration of the cord called sclerosis of the posterior columns.

Supposing, therefore, that atrophy of the disc in encephalic disease is due generally to travelling degeneration, this supposition, in the case of spinal optic atrophy also, is supported by the remarkable fact that it occurs especially with degeneration of that part of the cord—the posterior columns—which tends to travel towards the encephalon, and not towards the periphery. Thus we are led to conjecture that the optic atrophy is, in some obscure way, the result of the propagation of the destructive change upwards; and that in all cases of degeneration of the cord accompanied by atrophy of the optic nerves the degeneration includes the posterior columns, and climbs upward by means of these. Can we get any farther? Perhaps we may venture upon another step in the dark. If wasting of the posterior columns creeps upwards, it creeps up to the cerebellum. Now we know that diseases of the cerebellum are very commonly associated with atrophy of the optic nerves; and this, as one or two autopsies appear to show, seems frequently to be by means of the processus cerebelli ad testes. It is certain, at any rate, that optic atrophy occurs not only with tumours of the cerebellum, but with mere wasting diseases of that organ; so that creeping degeneration, and not pressure alone, may be the agent of destruction.

Finally, I think it not unlikely that the curious tendency seen in some states of the nervous centres to sclerotic degeneration in patches may in many cases account for symptomatic nerve-atrophy. It may be that in these states the optic nerves, on account of their vascularity and rich connective tissue, are always among the first portions to suffer, and to suffer independently of the affection of other parts—independently, that is, of any mechanical or physiological connexion, and in virtue only of an affinity in structure.

There are sad gaps, I know only too well, in these reasonings; and gaps there must be until many careful autopsies have been made, and the parts microscopically examined from the present point of view. I am disposed to think, however, that the considerations I have ventured to place before the profession, though in many parts conjectural, are yet not without interest, and not without promise.*

Leeds, Jan. 1870.

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ON

## THE VALUE OF PERINEAL EXTENSION IN FRACTURES OF THE FEMUR.

BY FREDERICK CHURCHILL, M.B., &c.,

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IT is well known that in many cases of fracture of the shaft of the thigh-bone it is difficult to maintain or to keep up accurate coaptation of the broken ends of the femur, in consequence of the rotation outwards of the upper fragments by means of the gemelli, obturators, and other external rotators of the thigh, and the tilting upwards by the action of the psoas and iliacus muscles, no longer balanced by the opposing weight of the limb. Extension, too, can best be obtained only indirectly by means of the perineal band. It becomes a question how far it is judicious to keep up daily-renewed extension of the limb by this means.

Great difference of opinion appears to exist on this subject, as far as I have been able to judge from the remarks made by the surgeons whom I have had the opportunity of consulting on the subject. Some proceed at once to extend the limb and tighten the perineal band whenever they suspect the slightest shortening, and this perhaps repeated daily, with all the force that is necessary to rectify the displacement, until the patient, becoming chafed by the pressure of the splint and bandages, pleads for some less severe treatment. Is not such disturbance of the limb unnecessary, and more likely to aggravate the mischief which it is desired to overcome? The muscles, if undisturbed, will, in a day or two after the injury, return to a quiet, relaxed state, very favourable for promoting the union of the broken bones in good position. Any disturbance is sure to excite violent contraction of the muscles and consequent shortening of the limb. Extension must disturb the processes of union, for the muscles are at once excited to contract, to oppose all attempts at interfering with the steady progress towards consolidation of the broken bones. When the muscles are thus kept at a state of tension any slackening of the bandage must lead to further shortening of the limb. The perineal band is of great service for keeping up the extension which was first applied, and for supporting the splint. Probably the long splint, folded in a sheet passed round the limb, the free edge of which is fastened along the outside of the splint with pins, will keep up a more uniform and equable pressure and extension of the limb. By carefully watching the patient, any loosening of the perineal bandage may be prevented by gathering up the slack, without injuriously disturbing the limb. It is no doubt of great importance to keep up a uniform tension of the perineal band. In fractures of the thigh, with firm perineal extension the patients, especially children, are almost sure to tilt the pelvis and the rest of the body over to that side where they can lie most at their ease, and this must seriously interfere with the accurate coaptation of the broken surfaces. The two following cases occurred in the practice of a friend, who kindly gave me the opportunity of carefully watching the patients throughout, and by whose permission I am now enabled to publish the cases in proof of my statement. In Case 1, notwithstanding the daily and vigorous use of extension, the limb, at first a quarter of an inch shorter, was found to be as much as an inch shorter than the other leg a fortnight after the receipt of the injury, when, the thigh and buttock becoming chafed, extension was discontinued, the perineal band being kept moderately tight. The bone became firmly united, with about a quarter of an inch of shortening, three weeks after.

CASE 1. *Fractured femur, treated by firm perineal extension.* M. L——, aged nine, was run over by a light spring cart on Jan. 13th, 1869, and the right femur was fractured about the centre of the shaft. The limb was put up and extended upon the long splint, but with a quarter of an inch of shortening. On the 16th the limb was measured, but there was no shortening. On the 26th there was an inch of shortening, although extension had regularly been applied, and that with considerable force and frequency. On Feb. 1st, extension of the limb was suspended, in consequence of the groin and perineum becoming chafed, but the perineal band was kept firm. She was dismissed, cured, six weeks after, with a quarter of an inch of shortening.

Perineal extension by means of pulleys or weights is in some cases of great service, especially where the fracture is oblique. Case 2 is one where manual extension was applied for some time daily, but without gaining any permanent advantage. A seven-pound weight was applied with rack and pulley, and the bone became firmly united, with half an inch of shortening.

CASE 2. *Oblique fracture of femur, treated by firm extension with the long splint and pulley.*—E. S——, aged eleven, was knocked down by a cart and run over. When first visited by her medical attendant, she was found to have sustained a fracture of the right femur, about the centre of the shaft. The limb was extended upon a long outside splint and perineal band, and manual extension was had recourse to daily, but without gaining any permanent advantage, there being still 1½ in. of shortening. Three weeks after receipt of injury, the limb was put up afresh, and extension made by a pulley fixed at the foot of the bed, with a 7 lb. weight attached. She was dismissed with firm union of fracture, and only ½ in. of shortening.

Great George-street, Westminster, Jan. 1870.

* I have erased a paragraph referring to paralysis of accommodation as an occasional result of accident to the nervous centres. I believe it occurs; but I have not yet seen many cases of it.

# ON THE CHLORAL HYDRATE.

BY WILLIAM ALEXANDER, M.D., F.R.C.P.,
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IN this somewhat remarkable agent, as was observed by Dr. Richardson, we have an instance of the intimate alliance of physiological and chemical investigations as augmenting the resources of the medical practitioner. The few trials already made of its use in this neighbourhood, as a somnolent anodyne especially, have led me to regard it as possessed of considerable therapeutical power, and to prophesy that it is destined to stand side by side with (the option of) the various preparations of opium, devoid, however, of their too commonly observed stupefying, astringent, and nauseating properties. It will not, probably, prove to medicine what chloroform has been to surgery, nor realise the expectations of MM. Liebriech and Dumas; but, irrespective of much error, extravagant speculation, and some risk to human life, there is at the present time a field of inquiry opening out in regard to the agency of certain novel drugs and new methods of administration of old ones which is sure to receive attention and cultivation by the profession. But little is yet known of the influence of medicines hypodermically introduced, or the precise physiological action of alcohol, chloroform, ether, ozone, methylene, and other volatile anæsthetics; and yet this class of agents, together with a marked advance in diagnostics, may be regarded as a characteristic epoch of modern medicine.

Freed from the restraint of the schools, as of old, ingenuity is now taxed in every department to discover some new remedy for the ills to which flesh is heir, and especially to encounter some of the most confessedly fatal diseases. Hence, *inter alia*, during the last few months only, we have the chloral for delirium tremens, chorea, and the large class comprehended as *neuroses*, in procuring sleep and resolving muscular contraction; the Calabar bean for tetanus, as in a well drawn-up and successfully-treated case at Chester, as described in THE LANCET of the 18th of December, 1869; the exclusive milk diet, and the oxidising agency of the ozonic ether, in the decomposition of the sugar in the blood of diabetic patients; the balsam copaiba in ascites, &c.; and the transfusion of blood and ammoniacal liquor into the veins for puerperal fever, and the like. The search, indeed, for *specifics* has been endless; but, unhappily, with such limited success as to lead the sceptics in medicine to reduce their number to three.

With respect to the chloral hydrate and its physiological action, our *confrères* in Berlin and Paris have spoken in no measured terms of commendation. One very eminent physician says: "Chloroform and Chloral have hitherto been investigated only from an abstract theoretical point of view, but have now taken their place amongst the most precious therapeutical agents." It is a peculiar substance, inasmuch as it derives its *solid* form by the admixture of the tennous colourless *liquid* chloral with water. Chloral ($C_2Cl_3OH$) in appearance resembles chloroform, but on the addition of about an equal measure of water it is transformed into an opaque *solid* body, very like the carbonate of ammonia, with a pungent odour, smooth feel, and slightly caustic taste. Therapeutically considered, this crystal hydrate is undoubtedly a powerful sedative, motor and sensory; but, in my experience, more a hypnotic than an anæsthetic, for, during the sleep procured, pinching the skin displayed the presence of well-defined reflex action; so that, assuming, as is alleged, a change in the human organism into formic acid and chloroform, its action is not identical with that of the latter fluid, which suspends both sensation and motion. In toxic doses of six grammes and upwards, the anæsthesia might become more complete. Its gradual elimination from the system is supposed to be effected by the alkali of the blood converting it into a chloride of sodium and formiate of soda. In M. Bouchut's practice the hydrate is described as "*the* sedative in gout, nephritic colic, dental caries, and intense chorea," the quickest and most efficacious in its operation. In common with narcotics generally, the combination of chloral with morphia or chloroform, by the skin or inhaled, is attended with greatly enhanced power, in diminishing sensitive irritability, which is usually the source of reflex action. Into the mysteries of the molecular action of these remedies, and their interrogation of the various organs, it is not the object of this communication to penetrate.

The successes already witnessed lead me to entertain a favourable opinion of the efficacy of the chloral as applicable in a very comprehensive class of distressing nervous affections, in which it has displayed some striking somnolent power. Amongst several other instances, a puerperal case which I saw in consultation with Mr. E. Hamerton, of Elland, in this neighbourhood, is worthy of mention in illustration of my dictum. The patient had exhibited great perturbation of the sensorium in visions and spectral illusions during a week's almost entire wakefulness, for which he had given 30 grains of the bromide of potassium and several cutaneous injections of morphia with little or no beneficial results, when at length a draught containing 40 grains of the chloral was followed by an immediate and tranquil slumber of twelve hours, succeeded by marked improvement in the cerebral disturbance. In reduced doses the medicine has been since continued with favourable results; and in a note received yesterday, reporting the convalescence, that gentleman relates another example, and expresses his confidence in the power of the new remedy in suitable cases.

The sample of the hydrate used here was four ounces procured through Messrs. Clarke, of York, probably from Hearon and Squire, or Messrs. Zimmermann. The price of 7*s.* an ounce seems high when its composition is considered, but much care no doubt is needed in its accurate preparation.

Halifax, December 30th, 1869.

# REMARKS ON THE MANAGEMENT OF THE IMPERIAL HOSPITAL AT VIENNA.

BY G. V. POORE, M.B.,
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THE object of this paper is not to make comparison between the Imperial Hospital at Vienna and St. Bartholomew's Hospital, London, but to lay before the readers of THE LANCET a brief sketch of the pecuniary and medical management of one of the largest civil hospitals in the world, to compare it with the management of our London hospitals in general, and to show how the Austrian system differs from our own, in what respects it is better, and in what worse. In the table given below some of the items of expenditure at Vienna and St. Bartholomew's are arranged in parallel columns, not for the sake of drawing an exact comparison (an impossibility, to attempt which would be absurd), but rather for the purpose of showing in a rough way what are the main differences in expenditure between Austrian and English hospitals. St. Bartholomew's has been selected because it is one of our largest hospitals, and because its expenditure is not only one of the most common topics of conversation at the present time, and shows probably a maximum of expensiveness, but also because the full statement thereof which so lately appeared in THE LANCET is easy of access to all who may be interested in the matter.

The Vienna Hospital has 2000 beds. The number of out-patients is inconsiderable, and many of the beds are filled with cases such as, in England, would be treated at the out-patient department. It is manifestly impossible to compare an hospital of this kind with one of our London hospitals, the beds of which are filled almost entirely by acute cases, and whose out-patients, numbered by tens of thousands, help in no inconsiderable degree to swell the annual accounts.

The Vienna Hospital, being a Government institution, publishes no yearly balance-sheet. For the facts embodied in this paper I am indebted to the kindness of Herr von Mulhäuser, the civil manager, who most politely furnished me with an elaborate manuscript containing the accounts in detail. The various sums were given in Austrian cur-

rency; and, in translating, the florin has been reckoned at 1s. 8d., its average value during the time I was at Vienna.

In the year 1868, 19,780 patients were treated in the Vienna Hospital; the number of "patient-days" was 659,842; and the average duration of the treatment of each patient was 33 days.

The total expenditure was £38,970; the average cost of each patient was something less than £2; and the daily cost of each patient amounted to the ridiculously small sum of 1s. 2d.

No patient is admitted to the hospital unless he or his friends, or his parish, can contribute something towards his maintenance there. An inhabitant of Vienna pays about 9d. a day; strangers about 14d. There is one wing set apart for patients who can afford to pay more; in which, for a sum varying from 5s. to 1s. 8d., they are provided with private rooms and other luxuries.

The cost of victualling (including stimulants) was £15,431. The daily cost of each patient's diet was 5½d. At St. Bartholomew's it amounted to 1s. 6½d.—*more than three times as much.* How is this great difference to be accounted for? The Viennese have undoubtedly the advantage of a cheaper market for most of the articles of diet; but the chief cause of the difference lies in this: that the diets *are all supplied by contract*, the contractor being bound to supply stated quantities (ready cooked) of all the articles mentioned in the diet table at a fixed sum. He, in fact, sets up a great cook's shop, from which he issues plates of soup for ½d. a piece, roast veal for so much a pound, or stewed prunes at ½d. a dozen, according to the requirements of the patient or the orders of the doctor. It is not a nice idea this feeding of sick people by contract; and I am bound to say that the diet struck me as being very inferior. The chief articles of diet are: 1, clear broth of beef; 2, ditto, boiled with rice, tapioca, or vermicelli; 3, Einbrennsoup; 4, barley-water; 5, wine soup; 6, beer soup; 7, vegetables; 8, rice or vermicelli puddings; 9, boiled or stewed prunes; 10, veal; 11, beef; 12, coffee; 13, white or red wines; 14, Vienna beer; 15, bread and rolls. The place of beef-tea (a most expensive item in English hospitals) is supplied by "clear broth of beef" and "Einbrennsoup." I feel convinced that if either of these soups were given in any of our London hospitals, a letter on the subject would appear in *The Times* forthwith. "Clear broth of beef" is undoubtedly clear, but tastes more of salt water than beef. "Einbrennsoup" is composed of flour (wheat and rye mixed) roasted in fat, with some flavouring and boiling water.

Meat when ordered consists of very young veal (the calves being killed when a few days old) or beef. There is a far greater variety in the vegetable diet than is usual in English hospitals, and in this we might with advantage imitate the Austrians. Potatoes are given boiled, mashed, or fried, and in addition sauercrout, carrots, turnips, spinach, peas, beans, parsnips, cabbage, and salad. Stewed or boiled prunes is a very favourite article of diet, and in Vienna a very cheap one. Milk is seldom, eggs are very rarely given, but coffee with sugar and milk is common, and exceedingly good. The stimulants consist of Austrian wines (not unlike weak hock) and Vienna beer. Stronger wines or brandy are never used.

The drugs, like the food, are supplied by a contractor at so much a dose.

The washing is also done by contract, and in 1868 cost £2124, little enough when it is stated that for this sum the contractor washed 1,875,650 "pieces," the average cost of each piece being as nearly as possible one farthing. The patients are not only nursed, but clothed as well; and the maintenance and washing of this clothing adds not a little to the expenses of the establishment.

The staff consists of 54 medical officers, 28 civil officers, 30 servants, and 220 warders and nurses—in all 332 persons. There is no unpaid official of any kind. The medical and civil staffs are quite distinct; the one is presided over by a director, who has a salary of £320 and a house, the other by a chief manager, with a salary of £240. These salaries are not large, but the posts are nevertheless filled by able men, and the work is well done. The twelve senior physicians and surgeons have salaries varying from £150 to £100, and the forty-one juniors from £40 to £25. All are allowed the privileges of teaching and of private practice, together with apartments in the building (or lodging money in lieu of the same) and a certain allowance of fuel and candles.

The expense of keeping the building in repair was £2640. When it is remembered that the building consists of nine large quadrangles, the largest of which is as big as Russell-square, this item will appear remarkably small.

In the table given below it will be seen that certain receipts have been deducted. These receipts are in themselves curiosities. They are—1. Donations and contributions, £10. 2. Profit on funerals, £103. 3. Sale of various articles, £2000. 4. Receipts from students, £4600.

The cost of heating was £1542, the fuel being entirely wood. Water is very scarce, the whole supply being derived from fountains in the court-yards, whence it is carried entirely by hand into the wards. Each of the quadrangles is tastefully laid out as a garden, and forms a magnificent recreation-ground for the convalescents.

In conclusion, I must mention that there are nearly 300 beds set aside for the reception of syphilitic patients, male and female; and that altogether in Vienna (with a population of 600,000) there are nearly 800 beds for this purpose. In London, with a population of 3,000,000, there are I know not how many; but if we had as many, after the rate, as Vienna, there would be 4000.

*Detailed Statement of the Expenditure of the General Hospital at Vienna for the year 1868, together with a comparison (where practicable) of similar Expenditure for St. Bartholomew's Hospital.*

| | Vienna Hosp. 2000 Beds. | St. Barthol. 680 Beds. |
|---|---|---|
| Drugs and chemicals | £2716 | £2014 |
| Surgical requisites | 674 | — |
| Preservation of baths | 285 | — |
| Rations of patients | 15431 | 11045* |
| Heating | 1542 | 804 |
| General expenditure of management: | | |
| Preservation of building | 2640 | 4978 |
| Moneys for conveyances | 18 | — |
| Bed linen and patients' clothes and linen | 4715 | — |
| Lighting of house | 950 | 690 |
| Cleaning of wards | 400 | — |
| Moneys for day-work | 1920 | — |
| Nursing of out-patients | 583 | — |
| Various other expenses | 284 | — |
| Printing and stationery | 324 | 445 |
| Other office expenses | 104 | — |
| Washing of house and bed linen | 2124 | 641 |
| Medical officers' salaries | 3454 | 2153 |
| Civil ditto ditto | 1452 | 1815 |
| Wages of servants, &c. | 1874 | — |
| Expenses of warders and nurses (including rations) | 4014 | — |
| Chapel expenses | 156 | — |
| Total | £45660 | — |
| Deduction of certain receipts | 6690 | — |
| Nett expenses | £38970 | — |

* Baker, brewer, butcher, cheesemonger, miscellaneous diet, wines and spirits.

January, 1870.

POPLITEAL ANEURISM: MECHANICAL COMPRESSION; DEATH; AUTOPSY.—M. Létiévant had under his care last May, at the Hôtel Dieu, a woman of thirty-five years of age, suffering from popliteal aneurism. A compressing apparatus, exerting its force on the femoral artery as it passes under Poupart's ligament, was used for six days, from half an hour to an hour at a time. The sac diminished in size and the pulsations became weaker, whilst the foot swelled considerably. On the eighth day general symptoms of pyæmia set in, and the leg and foot swelled still more. On the twelfth day after the first use of compression the patient died, with severe pain in the arms. Pus was found in the muscles of the latter, and in the knee-joint. Between the gastrocnemius and soleus a large clot was observed. Such a case should act as a warning, and induce surgeons to give a guarded prognosis as to compression—a method of treatment seemingly free from any peril, but which may be followed by very untoward results.

# A Mirror

## OF THE PRACTICE OF

# MEDICINE AND SURGERY

## IN THE

# HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## GUY'S HOSPITAL.

(OBSTETRIC DEPARTMENT.)

### A CASE OF FATAL WOUND OF THE VAGINA CAUSED BY A GLASS SYRINGE.

(Under the care of Dr. OLDHAM.)

THE young woman whose case is here narrated was seen by Dr. Phillips amongst his out-patients at Guy's, and sent by him into the hospital the same day under Dr. Oldham's care.

Harriet B——, aged twenty-two, married, the mother of one child, since her confinement had suffered from leucorrhœa, for which she had been accustomed to use at intervals an astringent injection. That morning she passed a glass syringe, containing a solution of alum, into the vagina, having previously knelt down by the side of her bed. Soon after its introduction the syringe broke, and had to be removed in pieces by her friends, causing great pain as well as severe hæmorrhage, which was controlled by cold. When she was seen by Dr. Phillips at noon, there was no escape of blood externally. The patient, however, was blanched, and felt very faint. Two small incised wounds were found on the inner side of the left labium. After her admission she complained of severe pain in the abdomen; and on the second day her pulse was 140 per minute. The bladder had to be emptied by the catheter. On the third day there was a free discharge, having the odour of retained blood, from the vagina. On examination of the abdomen, a swelling was found, extending half way up to the navel, inclined to the right side, but dipping down into the retro-uterine pouch. This was diagnosed as a blood effusion. By means of the speculum, an aperture, situated in the upper part of the vagina, a little behind the os uteri, was detected, through which the blood was seen to flow, and into which a uterine sound passed readily. The hæmorrhage subsequently ceased; and for some days the patient appeared better. The pain in the abdomen, however, became again more severe, with much tympanites. There was an offensive discharge from the vagina; and a permanganate-of-potash injection brought away much treacly fluid. The pulse remained quick, rarely falling under 130 per minute; and the temperature varied from 102° to 104°. The vomiting was so persistent that nutrient enemata had to be used. The patient was frequently seen by Dr. Oldham and Dr. Hicks, and was carefully watched by the obstetric resident, Mr. Goodhart, but died twelve days after admission.

The autopsy by Dr. Moxon showed that there was limited purulent peritonitis of two dates. The older was in the form of a dark-walled peritoneal abscess in the pelvis, being, indeed, the distended retro-uterine pouch, limited above by a close apposition of the uterus and the sigmoid flexure, together with coils of ileum. This would hold about three quarters of a pint; and it contained a mixture of blood and liquid pus. The older abscess communicated by a small opening with the recent extension of it. This was in the right lumbar region, and reached up to the anterior surface of the liver, which it covered only partially. The remainder of the peritoneum was adherent, moderately, by a small quantity of recent lymph. Behind the os uteri, rather on its left side, there was a clear cut wound, about half an inch long, extending quite through the vaginal wall into the retro-uterine pouch.

The case, Dr. Phillips suggests, is interesting not only on account of its rarity, but also from a forensic point of view; for, had the history been incomplete, it might even have been doubted whether such an injury was likely to be self-inflicted. It is probable that the external hæmorrhage at the time of the accident proceeded chiefly from the labial wounds, involving some branches of the venous plexuses around the orifice of the vagina; while the greater part of the blood from the higher wound gradually collected in the peritoneal cavity behind the uterus. The presence of pure blood in the peritoneum rarely or never leads to severe peritonitis. The blood is slowly absorbed by the serous membrane, as is abundantly proved in the majority of cases of peri-uterine hæmatocele. In the above case, however, there existed a free communication with a mucous surface, permitting the admixture of vaginal mucus with the blood, and probably also the entrance of air from the vagina.

## KING'S COLLEGE HOSPITAL.

### DOUBLE SCROTAL TUMOUR ON LEFT SIDE, FORMED BY HYDROCELE OF THE TUNICA VAGINALIS, AND HYDROCELE OF THE CORD: CLINICAL REMARKS.

(Under the care of Sir W. FERGUSSON.)

IN some clinical remarks upon the following case, Sir W. Fergusson drew attention to the different methods pursued in examining a case of doubtful swelling of the scrotum, and stated his reasons for concluding that the second swelling was a hydrocele of the cord. He then compared the two fluids, pointing out that that from the second tumour was milky in appearance, whilst that from the larger tumour, which was first tapped, was transparent, and of a pale-yellow colour. On microscopical examination, spermatozoa were seen in the milky fluid from the hydrocele of the cord, which also, on the addition of nitric acid, deposited a smaller quantity of albumen than the yellow fluid from the tunica vaginalis.

Mr. H. Royes Bell has kindly supplied us with this record:—

George B——, aged fifty-four, a stable-man, was admitted, having applied for surgical relief under the supposition that he was suffering from a large rupture on the left side of the scrotum. On examination, the following morbid phenomena were observed. On the left side of the scrotum was a large swelling, which gave no impulse on coughing; it did not disappear, or even diminish in size, on pressure, and was free from pain. There was indistinct fluctuation. The testicle could be felt at the middle and back part of the swelling. Light was transmitted on illumination with a candle. This swelling had made its appearance about two years before, and had gradually increased to its present size. The patient attributed it to a strain caused through lifting a heavy sack.

Sir Wm. Fergusson tapped the tumour, and drew off a large quantity of clear yellow fluid. The scrotal swelling, however, did not disappear entirely, and there then seemed to be another hydrocele, which was evidently connected with the cord, as it occupied the upper part of the scrotum. A trocar was then thrust into this tumour, and some milky fluid drawn off. The hydrocele that was first tapped was then injected with diluted tincture of iodine.

## ST. GEORGE'S HOSPITAL.

### MEDICAL CASES.

(Under the care of Dr. JOHN OGLE.)

WE subjoin a few memoranda referring to cases at present or lately in this hospital, under Dr. Ogle's care, illustrating for the most part some interesting point in pathology or treatment.

Last week, at our visit, we saw a man with cardiac disease, who was under the influence of digitalis, which had been administered on account of great distress and violent action of the heart. Half an ounce of the infusion had been given every four hours for forty-eight hours, and the interval between the doses then lengthened to six hours for twenty-four hours more, at the end of which time the digitalis was discontinued. The pulse was now soft and compressible, and numbered about 48 in the minute. Dr. Ogle gave very particular instructions that the man should

not be allowed to get out of bed, in order to guard against the occurrence of dangerous syncope. The day after the discontinuance of the digitalis, the pulse was 52, and on the day following 60 per minute; but with this acceleration the character of the pulse deteriorated, and it did not represent the heart's beating so well as it did whilst the drug was being taken. It is now 80 per minute. The digitalis did not seem to act much on the kidneys.

A case of delirium tremens, in which a good night's rest had been obtained by a drachm dose of the hydrate of chloral, which was ordered to be repeated. Going out, recovered.

Another case was that of a child with stridulous breathing and cough, whose symptoms, auscultatory and general, seem to indicate the existence of some growth or tumour within the thorax.

We may draw attention also to an example of left facial paralysis of two weeks' standing in a man, attended by pains about the neck and shoulder of the same side, and treated with iodide of potassium, and iodine counter-irritation behind the ear. There is some anæsthesia of the face on the affected side, which at first was considerable; also slight deflection of the uvula to the opposite side on inspiration. The conjunctiva of the left eye, near the cornea, is "bloodshot," apparently from exposure.

Dr. Ogle mentioned the case of his laundrywoman, who had had complete facial paralysis of one side for twelve or fourteen years, in whom, however, this vascular condition of the conjunctiva does not exist, though it may have done so at an earlier period.

Case of right hemiplegia, with aphasia, without any previous unconsciousness; no rigidity of limbs; recovering. The sphygmograph showed a difference in the pulse at the two wrists.

Case of disease of the upper cervical vertebræ, improving under complete rest and cod-liver oil. The patient is attended also by Mr. Rouse.

Case of saccharine diabetes, in which the sugar has lately disappeared more or less, and sometimes completely so for a day or two at a time, in spite of starchy food and malt-liquor being allowed; the patient getting weaker and more emaciated, and lung-symptoms coming on.

To these we will add brief references to two fatal cases which have occurred quite lately, under Dr. Ogle's care:—

1. *Carcinoma of the liver; œdema and gangrene of one lower extremity; plugging of the veins of the limb.* — A woman aged forty-five, having been ill two months with sickness, followed by jaundice, itching of skin, diarrhœa, and loss of flesh, was admitted in December with enlarged and nodulated liver, and highly jaundiced. About five days after admission the left leg began to swell, and two days later the toes became gangrenous. In spite of treatment, she sank and died nine days after admission.

After death, the liver was almost entirely occupied by encephaloid cancer. A large coagulum occluded the veins of the left leg, and ascended as far as the junction of the common iliac vein with the vena cava. Both external and internal iliac veins were also full of coagulum. The arteries of the limb were examined (femoral, popliteal, and both tibial arteries), but found healthy; this was particularly done with reference to the idea that embolism might have existed, and considering that also a small old fibrinous deposit was found on one of the aortic valve flaps.

The case was very similar to another, one of cancer of the liver, which was under Dr. Ogle's care in 1868, in which gangrene of one limb also came on before death; but in that instance disease of the inner surface of the arteries, with partial plugging of them, was found. The case was related by Mr. H. Lee to the Medico-Chirurgical Society.

2. *Scarlatina maligna; violent delirium; death rapid.* — A man aged twenty-six, a gas labourer, was taken ill on the 28th of November with rigors, sore-throat, and fever; took to bed on the 29th, and was admitted into hospital on the 1st of December, in a very shaky and tremulous state, and delirious (thought by the nurse to be suffering from delirium tremens). The pulse was 128, temperature 105°, and respiration 36. Was ordered wine and dilute hydrochloric acid; and on the day following was covered with a rash, thought by some to be that of typhus; this proved to be scarlet fever rash. Extensive ulceration of the tonsils existed. It was found that the pressure of the skin occasioned by drawing the finger along it produced intense pain; in fact, the whole surface was hyperæsthetic to a very remarkable extent. The delirium increased so that he had to be strapped in bed. The temperature rose to 104·8°, and he died three days after admission.

After death the kidneys were found very congested (with urinary tubes choked up), as were also the lungs.

## ROYAL FREE HOSPITAL.

### CASE OF COMPLETE DISLOCATION OF BOTH PATELLÆ.

(Under the care of Mr. J. D. HILL.)

AMONGST the out-patients is a woman, aged twenty-two, who has complete dislocation of both patellæ on the outer aspect of the femur. According to Mr. W. A. Moseley, dresser, who has been good enough to give us an account of her, the patient attributes the dislocations to a half-kneeling, half-sitting posture which she used to assume when a child. Complete flexion cannot be accomplished on either side. Complete extension can be performed in the right limb; less complete in the left. On flexion, the inter-condyloid spaces are very plainly marked in both knees. The dislocations are capable of partial reduction, but, on pressure being taken off, the patellæ slip back into the old position. There is some amount of shortening in both recti muscles. Patient can kneel without inconvenience. Considering the duration of the displacement and the present condition of the limbs, Mr. Hill thinks that if reduction could be effected little would be gained, bearing in mind the present movements of the limbs, and the probability of there being some arrest of development in the outer condyles. Should reduction be attempted, of course section of the recti must be performed, which would be a very questionable proceeding. It is somewhat remarkable that the movements of both limbs are sufficiently good for all ordinary purposes, and that there is neither difficulty in progression nor any deviation from the natural gait. This is to be accounted for by the shortening of the recti muscles, in accommodation to the abnormal position of the patellæ.

## "DREADNOUGHT" HOSPITAL SHIP.

### CASES OF SCURVY.

THE following cases are worthy of brief record, chiefly on account of some special symptoms exhibited. For the notes we are indebted to Mr. Harry Leach.

Four Portuguese sailors were admitted into the *Dreadnought*, in a very weakly state, on the 15th of December last. The symptoms were similar in all, varying only as to degree of severity: spongy gums, feeble pulse, general anæmia, with marked œdema of all extremities, and some slight general anasarca, with very slight marks of that discolouration of the legs peculiar to scurvy. Heart sounds healthy; no albumen, and an abundance of chlorides in the urine; and no symptoms indicative of any special organic disease. These men had just returned from a voyage of nine months' duration. The vessel started from Lisbon for Bahia, where she remained for two months, and during which time fresh beef was served out to the crew twice a day. She proceeded thence to a port on the west coast of Africa, remained there twenty-seven days, and eventually sailed for London, calling *en route* at Valentia. The sea diet consisted of rice, peas, beef, salted codfish, sugar, and biscuit, with an occasional glass of rum. No lime-juice or other antiscorbutic was given. The treatment on board the *Dreadnought* consisted of meat diet, with potatoes, lime-juice, and a chlorate-of-potash mixture. Two were discharged, cured, in eight, and one in twelve, days, and the fourth is still in hospital, but now nearly well. The noteworthy symptoms, as recorded in these cases, are the presence of marked general œdema, and the absence of that brawny hardness of the lower extremities almost universally characteristic of the disease. The former condition might naturally suggest the existence of organic lesions of the heart, liver, or kidneys; but the absence of any other positive evidence on this head, and the fact that all were affected alike, and that, after rest and treatment for a few days, the œdema quickly and permanently disappeared,

sufficiently proved the functional nature of the appearances exhibited. All these men were Portuguese, and probably of low vital physique; and hence it may be that the effusions which commonly take place in scurvy (as to the exact nature of which we are not as yet fully cognisant) did not in these cases advance to that partially organised condition generally presented in that malady. This is the only "batch" of scurvy cases received at the *Dreadnought* during the past year, and it is a satisfaction to know that they were not sent from a vessel belonging to the British mercantile marine.

## MERCER'S HOSPITAL, DUBLIN.

### CASE OF STABBING IN THE ABDOMEN, WITH WOUND OF THE PERITONEUM.

(Under the care of Mr. LEDWICH.)

THE total absence of inflammation in this case is a point of interest. The case itself is a good companion to Mr. Birkett's, at Guy's, which we published in the "Mirror" of Nov. 27th, 1869. For the notes we are indebted to Mr. W. Price Sullivan, resident pupil.

A. M——, a man aged twenty-six, was admitted, suffering from a penetrating wound of the abdomen. It was about an inch in breadth, and was caused, probably, by a dagger, which had pierced the abdominal wall transversely, an inch below, and a little to the right side of, the umbilicus. The cavity of the abdomen had been freely opened, and through the gash a portion of the great omentum, about the size of a lemon, protruded. Notwithstanding the severity of the injury, he was able to walk to the hospital, leaning on two friends, being wholly unconscious of the dangerous nature of the wound which he had sustained. After a careful examination, the patient was put to bed, twenty-five minims of the tincture of opium being administered. The hæmorrhage which occurred was principally venous, and the patient did not complain of much pain except when the parts were touched, or otherwise interfered with. Mr. Ledwich at once proceeded to restore the protruded omentum to its natural position, which was accomplished after some little difficulty. During the operation the patient appeared to suffer intense pain, and he vomited repeatedly. The wound was now washed and dried, and its edges drawn together with strips of adhesive plaster, over which was placed a compress of dry lint. Two broad strips of plaster, crossing each other directly over the injured part, were then drawn over the compress, in order to relieve the tension, while a folded towel was placed over all, and secured by half a dozen turns of a three-inch roller. The patient was now changed to a clean bed, and a grain of opium ordered to be given, and continued every hour. After the first dose the emesis recurred, when two draughts were prepared, each containing two minims of dilute hydrocyanic acid and one of creasote. Of these, the first, on being administered, was rejected almost immediately, but the second was fortunately retained. When seen two hours afterwards all vomiting had ceased.

The opium was administered regularly every hour until Mr. Ledwich saw him on the following morning, when he declared himself to be quite comfortable, the only pain complained of being referred to the wound, and not to the internal parts. The opium was now ordered to be taken every third hour; and in this quantity was continued until the next day, when it was ordered to be taken every sixth hour only, the patient's strength being in the meantime supported by beef-tea, whey, &c. There was some retention of urine; but at 4 P.M. the bladder was emptied spontaneously. He now generally lay on his back, with his legs drawn up. Pulse 60, and regular; tongue perfectly clean; and no pain or tenderness whatever in the abdomen. He slept well during the night. The following day the opium was discontinued; and he was allowed to partake of solids for breakfast, as well as throughout the day. In the afternoon the pain in the loins recurred; and the patient succeeded in micturating by assuming the kneeling position in his bed. As he had been restless during the preceding night, a grain of opium was now administered, in order to procure sleep; and this having been followed by the desired effect, he appeared much better on the next day. The first motion took place from the bowels in the afternoon of the same day, which was the fourth day since the last evacuation. He passed a good night; and on the following morning the wound was dressed for the first time. It was observed that, although its edges were not exactly in perfect apposition, granulations had closed up its deeper parts, their formation having been attended with very little trace of inflammatory action. Recovery was now rapid; and on the eleventh day after his admission he was able to leave the hospital.

# Medical Societies.

## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DEC. 21ST, 1869.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

DR. MURCHISON, on behalf of Mr. De Morgan and himself, reported on Dr. Robinson's specimen supposed to be a Syphilitic Liver. The disease was not ordinary syphilis, but rather Frerichs' simple induration, perhaps arising from peritonitis.

Dr. MOXON showed a specimen illustrating the effects of Embolism. The parts exhibited were a portion of lung and the vena cava inferior from the body of a woman who died of pyæmia. The left lung, in its lower lobe, showed a sharply circumscribed patch of pneumonia. The colour and smell of the patch proved it to be in a state of incipient gangrene. On examining the artery that supplied this patch there was found in it a yellowish-coloured clot, lodged at a bifurcation, adherent to the wall of the artery at one point, and extending a little way into each arm of the fork of the artery. The main pulmonary artery and its other branches were occupied, on the contrary, with a prolongation of the post-mortem or death-bed clot that was in the right ventricle, as usual in death from inflammatory diseases. The vena cava inferior was occupied in its whole length by a clot having the same yellowish colour as that in the pulmonary artery. This clot extended up from the iliac veins, both of which were full of a like clot. The clot appeared oldest in the left common iliac vein, and there the vein was in contact with an abscess which was between the rectum, broad ligament, and pelvic wall. This abscess had semi-organised walls corresponding to an age of four or five weeks. It appeared dependent on an inversion of the uterus, from which the woman had suffered for eight months, and it was the only cause of the pyæmia that could be discovered. Examination of this yellowish clot showed it to be made up of cells having the character of pus-cells. These were in parts mutually compressed and flattened, being crowded together so that they made up the bulk of the clot. These microscopic characters showed it to be of very different nature from the passive clots that form and soften in the heart and in the vessels of uninflamed parts. There was suppuration of both knee-joints.

Dr. BASTIAN asked why the masses were described as purulent, and not as altered blood-clots. Why were the bodies pus-corpuscles, not white blood-corpuscles?

Dr. MOXON agreed with Dr. Bastian as to the impossibility of discriminating white blood-corpuscles from pus-corpuscles, but in this instance they were too numerous to be white blood-corpuscles. In a case similar to Dr. Bristowe's, which he had seen, the valve was evidently broken on its surface. Pus was not infrequent in veins, especially in the cerebral sinuses.

Dr. CLAPTON exhibited a specimen of Ulcer of the Stomach, occurring in a woman aged thirty-seven.

Mr. SYDNEY JONES showed a specimen of Tumour of Clavicle complicated with aneurism of the arch of the aorta. The patient, for about two years, had suffered pain and loss of power in his neck and left arm. The clavicular tumour was at one time removable by operation (supposing that the clavicle and humerus had been removed along with it); but the patient had a cough, was pale, and much emaciated. At the end of November no pulsation could be felt in the carotid, and the axillary growth, from its immobility, had evidently involved the thoracic parietes. He died on December 4th from obstructed respiration. There was found a large aneurism of the transverse arch, almost completely filled with laminated coagulum. Sections of the

tumour and of the adjoining glandular enlargements were white and succulent, yielding an abundance of creamy juice. This was made up of nuclei about the size of pus-corpuscles, with a well-marked outline and a very distinct nucleolus, surrounded by more or less abundant granular matter. In the spleen were four or five deposits with the same microscopical characters. Referred to committee.

Dr. WHIPHAM exhibited specimens illustrative of Cystic Disease of the Kidneys, occurring in a policeman, who had necrosis of the tibia. He came to St. George's to have the bone removed, but was attacked with bronchitis and died. There was found congestion of bronchus and lung, but no dropsy, although both kidneys were affected; one was eighteen inches long. The urine was albuminous before death. A specimen similar in all respects had been exhibited last year.

Mr. MAUNDER showed an Ovarian Tumour removed from the body of a woman aged thirty. It had existed three or four years, and she had been tapped once. An operation was attempted, but failed, and two cysts were tapped. For three weeks she did well, and there was little or no discharge, but then suppuration set in with rigors. At the time of the operation a small fleshy mass had been felt. This had suppurated, given way, and caused general peritonitis and death. Referred to Messrs. Bellamy and Arnott.

Mr. HULKE exhibited the Genito-urinary Organs of a man to show the effects of impacted calculi. The man died of pyæmia. There was dilatation of the ureter, owing to an impacted calculus, causing in turn dilatation of the kidney.

Mr. HULKE also showed an Encysted Hydrocele from an old man, consisting of single cysts communicating by intricate passages. It appeared to have originated in the epididymis and unravelled it. It did not consist of expansions of the seminal tubes, more likely from the innominate bodies of Giraldès.

Dr. MURCHISON showed specimens of Ulcer of the Stomach. The cases had an obscure history. A woman, aged forty, died last summer. She had been intemperate, but her health had been tolerable. She complained of nausea and of pain, not increased by food. She had vomited a great deal of blood. The liver was rather small, but there was no evidence of portal obstruction. The hæmatemesis was checked for a time, but it returned profusely, and she died from loss of blood. The liver was small, but not diseased. The stomach, after careful examination, presented a very small ulcer in the great cul de sac. In its centre was a minute orifice leading into an artery. There were two small ulcers close by, but no signs of inflammation. The second case occurred in a male, aged twenty-eight, who had been a soldier, and possessed of good health till six months before, when he became faint and brought up much blood. Again he was seized suddenly with nausea, vertigo, and weakness; hæmorrhage again occurred, the blood being bright red. The hæmatemesis caused his death. An exceedingly minute ulcer existed close to the œsophageal opening; its orifice was rounded as if of some standing. His liver was cirrhosed and syphilitic.

Mr. SYDNEY JONES had reported a similar case where there was a minute opening in the posterior wall.

In reply to Dr. Powell, it was stated that the vessels were atheromatous.

Dr. CAYLEY showed a specimen of Aneurism of the Aorta, communicating with the pulmonary artery, in a man, aged thirty-seven, who died of pericarditis. There were signs of aortic disease, but only the aneurism was found.

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TUESDAY, JAN. 4TH, 1870.

ANNUAL MEETING.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

The Council, in presenting its twenty-third annual report, congratulated the members on the flourishing state of the Society, which now numbers 462 members. During the year the Society had lost twenty-one members. Nine had died, and the names of five had been erased from the list under the 16th bye-law. The somewhat smaller number of entries recently made was explained by the operation of temporary causes, the effect of which was now disappearing. The twentieth volume of Transactions presented to the members was only slightly smaller than the nineteenth volume, the largest ever published. The Committee on Morbid Growths had delivered in twenty-four reports during the twelvemonth, and the Council hoped that the data collected would suffice shortly to enable the Committee to, in great measure, solve the question of the definition of the character of various morbid growths. The Committee on lardaceous disease, consisting of Drs. Wilks, Bristowe, Marcet, Andrew, and Dickinson, had been at work for some time, and would issue its report in a little time. In May the Council took steps to improve the character of the meetings, and suggested certain rules, which had been printed on the back of the card of meeting, and had been observed to some extent with success. The delegates appointed by the Society to consider, with the representatives of other Societies, the question of the amalgamation of the various Societies were still deliberating. The income of the Society for the year was £464 10s. 8d.; the expenses, £419 3s. 7½d.; leaving a balance of £45 11s. 4½d., instead of a debt, as at the beginning of the year. The cost of the volume of Transactions just issued was £259 11s. 11d.; of this, £156 16s. was for printing, and £90 for illustrations. The printer's bill for vol. xx. was, in fact, £100 less than in the case of the nineteenth volume, accounted for by the fact that it contained two sheets less, and that more advantageous terms had been made with a new printer.

The report of the Council was received and adopted. Votes of thanks were passed as usual, and the balloting of officers for the ensuing year resulted in the election of those nominated by the Council, which we published last week.

We append the list of specimens exhibited at the same meeting, for the business of the annual meeting occupied only a portion of the evening.

Dr. PAYNE exhibited a specimen taken from a man aged twenty-seven, of Cerebro-spinal Meningitis. There were no marked changes in the dura mater, though the sinuses were full of dark blood. The subarachnoid space was filled with greenish and firm lymph, located around the vessels over the whole upper surface of the brain. The pia mater was only vividly congested. The base of the brain was much in the same state, and the spinal cord likewise along its whole course. The substance of the brain and cord was healthy. The history was imperfect. The man had been an habitual hard drinker, and had been drinking several days before the attack. He was picked up in the street, vomiting, and brought to the hospital with paralysis of both limbs. Delirium and convulsions soon set in, and death occurred in forty-eight hours. The case was not an instance of epidemic cerebro-spinal meningitis. The kidneys were diseased.

Dr. DICKINSON fancied that we should more frequently find implication of the cord if we were in the habit of opening the cord in persons with cerebral disease. Hard drinking would set up acute cerebral inflammation.

Dr. CLAPTON exhibited a specimen of Rupture of the Left Auricle of the Heart, taken from a woman aged sixty-one, whom he was called to see, with severe cardiac symptoms—dyspnœa, impending suffocation, and a loud flapping bellows sound at the apex. Whilst listening, he noticed that the action of the heart became very tumultuous, and then nearly ceased. The woman became unconscious, and died the same night. At the post-mortem, at which the head was not allowed to be opened, the walls of the left ventricle were thickened, the aorta atheromatous; there was a rupture just above the auriculo-ventricular orifice, through the endocardium, and nearly through the entire muscular walls, about one and a quarter inch long. Dr. Clapton thought a clot was carried to the brain from the rupture, at the time of his seeing the patient. Referred to Drs. Beigel and Moxon.

Dr. SEMPLE exhibited a specimen of Congenital Malformation of the Heart in a child ten months old, affected with cyanosis. The child was brought as a patient when three months old, suffering from cyanosis. No treatment was recommended, and no hopes of improvement were entertained; but the child lived till about ten months old, when death occurred without any remarkable symptoms. The body was thin and emaciated, but the only morbid appearance discovered was some red hepatisation of the lower lobe of one of the lungs. The heart presented the following conditions:—The right and left auricles communicated by a patent foramen ovale. The left ventricle was small, and presented two openings—namely, the auriculo-ventricular, and a round opening through the septum ventriculorum.

This latter opening was of about the size of a large goose-quill, situated at the upper part of the ventricular septum. The right ventricle was larger than the left, and presented three openings—namely, the interventricular opening just described, the auriculo-ventricular opening, and the opening into a large artery, which, from its construction, position, and relation, must be regarded as the aorta. The ascending aorta was dilated, and the convexity of the arch of the aorta gave off the innominata, and the left carotid and left subclavian in their usual order; but from the concavity of the arch there proceeded downwards the ductus arteriosus, quite patent, and giving off a pulmonary artery on each side. But, instead of communicating with a pulmonary arterial trunk, the ductus arteriosus continued its course obliquely downwards, and terminated in a pointed cul de sac at the base of the heart, near the origin of the aorta.

Dr. JOHN MURRAY exhibited a specimen of extreme Aortic Valvular Disease, from a man aged sixty, who was admitted into the Middlesex Hospital, with general bronchitis, pneumonia, and slight dropsy, and died next day. No cardiac murmur was detected, and the heart sounds were extremely weak and rapid, and the bronchial râles heard over the whole chest marked them still more. The patient had suffered when young from rheumatic fever, and palpitation of the heart ever since, but from no other inconvenience whatever, until two years before death, when frequent attacks of syncope supervened. After death, general hypertrophy and dilatation of the heart were found. The aortic valves were rigid, and in them were deposited hard plates of calcareous matter. Their free edges were covered with very firm fibrinous deposit. The aortic opening was reduced to a mere chink, which in the recent state was scarcely visible until the valves were stretched. The case was interesting in so far as it illustrated the extent to which aortic narrowing may take place compatible with life.

Dr. DICKINSON showed a Kidney affected with Calculous Pyelitis. The case had its interest in regard to its history. Two years ago the patient observed that he was passing thick stuff like cream. This after three months ceased, but then returned off and on until death. No "decided pain" ever occurred, only a dull, indistinct pain across the loins. There were no bladder symptoms, no history of nephritic colic, or of gravel. By a process of exclusion a diagnosis of calculous pyelitis was made. At the post-mortem, the left kidney was found dilated, thinned out into a sac, lined by a highly vascular membrane, and distended by pus. The ureter was dilated above and contracted below. The sac was studded with small black specks like poppy-seeds, twenty or thirty of them, which proved to be small oxalate-of-lime crystals. Dr. Dickinson thought a calculus had originally been present, which had led to the ulceration and contraction of the ureter, and the dilatation of the pelvis of the kidney.

Dr. MURCHISON thought the temporary disappearance of the pus from the urine favoured the view that the case was one of calculous pyelitis.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JAN. 5TH, 1870.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—Dr. Gross, New Brunswick; Dr. Ligertwood, Newbury; Dr. Scott, Sandwich; Dr. Wilkin, Folkestone; Dr. Dorabjee Burzojee, Bombay.

Dr. MURRAY exhibited a fibroid tumour of the ovary, which had occurred in the practice of Mr. J. L. Propert, and gave the details of the case.

A Cephalotribe, which had been presented to the Society by Dr. CHARLES KIDD of Dublin, was exhibited, and four casts of fœtal heads which had been crushed and delivered by it. The President said, the best thanks of the Society were due to Dr. Kidd for his valuable addition to the museum.

Dr. BALLARD exhibited the ovary of a patient of Dr. Gibbon's, in whom death had occurred from pneumonia, after an attempt at producing abortion. In the ovary was what Dr. Ballard believed to be a true corpus luteum, though the uterus exhibited no sign of pregnancy. Several Fellows having stated their belief that the specimen was only a ruptured Graafian follicle after menstruation, the ovary was referred to a committee, consisting of Dr. Braxton Hicks and Dr. Madge, in conjunction with Dr. Ballard.

Dr. F. H. DALY read a paper on the Early Use of the Long Forceps. Dr. Daly related two cases in which he had applied the instrument. In the first of these the forceps were used at a very late period, and the result was fatal to the mother, but the child lived; in the second the forceps were applied much earlier, and both mother and child were saved. Dr. Daly expressed his opinion that practitioners, as a rule, delay much too long before applying the forceps, and that an earlier use of the instrument would be the means of saving many valuable lives, both of mothers and children.

Dr. SANSOM read a paper on "The Sulpho-carbolates in the Treatment of certain Diseases of Children." Dr. Sansom commenced by describing the chemical properties of sulpho-carbolic acid, and of its compounds with sodium, potassium, ammonium, calcium, zinc, and copper. The active agent in these salts is carbolic acid, which enters largely into their composition. The salts themselves are much inferior as direct antiseptics to the less stable carbolates, and when administered internally, they are apparently absorbed from the stomach without decomposition, and give off their carbolic acid by chemical change in the tissues. They are exceedingly soluble, by no means unpleasant to the taste, and never seem to produce toxic effects. Dr. Sansom then proceeded to describe the various cases in which he had used the salts, giving abstracts of a considerable number. Those in which he had found them most serviceable were zymotic diseases, especially scarlatina, measles, and diphtheritic sore-throat. In all of them he had met with strikingly beneficial results. In these he had chiefly employed the sulpho-carbolate of sodium, in doses of from five to ten grains every four hours. In rachitis, malnutrition, and diarrhœa, he recommended the sulpho-carbolate of calcium.

The report of the scrutineers of the ballot (Dr. Easton and Dr. Jones) was then read, from which it appeared that the following list of office-bearers recommended by the council had been unanimously adopted:—Honorary President: Sir Charles Locock, Bart. President: Dr. Grailly Hewitt. Vice-Presidents: Dr. C. Holman (Reigate), Mr. J. C. Langmore, Dr. Leishman (Glasgow), Dr. G. C. P. Murray, Dr. Tilt, Mr. Spencer Wells. Treasurer: Dr. Braxton Hicks. Honorary Secretaries: Dr. Gervis, Dr. Williams Playfair. Honorary Librarian: Dr. Phillips. Honorary Members of Council: Dr. Tyler Smith, Dr. Oldham, Dr. Barnes, Dr. Hall Davis. Other Members of Council: Dr. William Braithwaite (Leeds), Dr. Copeman (Norwich), Dr. Cumberbatch, Mr. Curgenven, Mr. Robert Ellis, Mr. George Gaskoin, Mr. Griffith (Wrexham), Mr. Seymour Haden, Dr. Edward Head, Mr. Jonathan Hutchinson, Mr. Image (Bury St. Edmunds), Dr. Lloyd Roberts (Manchester), Dr. W. R. Rogers, Mr. John Scott, Dr. Johnson Smith (Weymouth), Dr. Charles Taylor, Dr. Wynn Williams, Dr. Alfred Wiltshire.

The report of the auditors of the balance sheet for 1869 (Dr. Selby Norton and Dr. Wiltshire) was then read, which stated that the income of the Society for 1869 was £748 19s. 6d., and its expenditure £633 10s. 4d.; leaving in the hands of the treasurer a balance of £115 9s. 2d. It further appeared that the Society had invested in 3 per cent. annuities the sum of £1199 6s. 8d., of which £75 had been invested during the past year. The adoption of the report was moved by Dr. Brunton, seconded by Dr. Heywood Smith, and carried unanimously.

A vote of thanks to the officers of the Society, mentioning especially the retiring officers, Dr. Meadows, Dr. Murray, and Dr. W. S. Playfair, was proposed by Dr. Hicks, seconded by Dr. Madge, and carried by acclamation.

Dr. Meadows, Dr. Murray, and Dr. Playfair returned thanks.

The President, Dr. GRAILY HEWITT, then delivered the

ANNUAL ADDRESS.

He congratulated the Society, now terminating the eleventh year of its existence, on its continued success and prosperity, and on the fact that its hold on the goodwill of the profession was firm, and appeared likely to remain so. The Society now numbers 600. During the past year 43 new Fellows had been elected. An obituary notice relative to the Fellows deceased during the past year followed, in-

cluding the names of Dr. Eastlake, Mr. Ewen, Mr. Crossland Richards, Mr. Somerville, Dr. Johnson, Mr. Mills, Mr. Russell, Dr. Locking, Dr. Dyer, and an Honorary Fellow of the Society, Dr. Charles Meigs of Philadelphia. The President remarked on the very high character of Dr. Meigs's work and professional labours. The financial position of the Society was an extremely satisfactory one, as would be gathered from the treasurer's report. The attendance at the meetings during the year had exceeded the average. The library, reading-room, and museum, which had now been open for two years, had been largely used by the Fellows during the past year, and, as all the new and standard works were carefully added to the library, it would shortly become an obstetric library worthy of the name. The services of Dr. W. S. Playfair, who had organised and arranged the reading-room were referred to and warmly acknowledged. The papers read at the meetings during the past year were of great interest, and many of them had been the means of introducing to the profession innovations and improvements in obstetrics. Cephalotripsy, uterine hæmorrhage, puerperal fever, the complication of ovarian disease and pregnancy, and many other subjects (which the President briefly summarised) had been discussed. The diseases of infants had received attention. The report of a committee appointed, at Dr. Farre's suggestion, to consider the causes of infantile mortality in England had been received, and information of a valuable kind elicited. The report, drawn up by Dr. Gervis, would shortly appear in the Transactions. Farther work in the same direction would probably be done by the committee. The President then referred to a remarkable discussion on puerperal fever in the Dublin Obstetrical Society during the past year, which he considered destined to exercise great influence in the future. The discussion was a most important contribution to the history of puerperal fever in Dublin, and was characterised by an exhibition of brilliancy, profundity, and wit such as could be witnessed nowhere but in the Irish metropolis. Ovariotomy had penetrated successfully to Stockholm, where Dr. Skoldberg now had seventeen successful cases out of twenty. The general position of obstetrics had improved during the past year, the President remarking with satisfaction on the resolution of the College of Surgeons to examine all its members on Obstetrics. This was a matter on which the Society memorialised the Medical Council as long ago as 1859. A farther and necessary step would be to procure a representation of obstetrics in the General Medical Council; with this view a deputation from the Obstetrical Society waited on the Home Secretary in May last, and it is hoped that this glaring defect in the constitution of the Medical Council may soon be remedied. The subject of the proposed amalgamation of the principal Medical Societies in London was next referred to, and the President stated that the delegates appointed by the Obstetrical and other societies had met, but the discussion had as yet reached no definitive stage. In the present position of the Obstetrical Society, hardly earned and fought for as it had been, care must be taken that their future interests be not imperilled; but no unreasonable opposition should be offered to well-considered projects for the elevation of the profession as a whole. So far, for the past, the success of the Society had been admitted on all hands. Indeed, some critics and friends of the Society appeared to have come to the conclusion that because the mine had been so diligently worked it must be nearly exhausted. It would be infinite pity if this idea became prevalent outside the Society; those inside would at once see the incorrectness and irrelevancy of the statement. It might be true that certain of the great principles already grasped appeared little likely to undergo change, but the mode of application admitted of infinite improvement, each step being the saving probably of many lives. The unceasing advances in physiology, dietetics, and epidemiology find appropriate adaptations in obstetric practice, which would constantly have to be made available. The diseases of infants have, until quite recently, occupied comparatively little attention. But the Society has another function besides that of discovery, the discoveries already made have to be disseminated, and the rising generation of practitioners educated. This Society is eminently an educating Society, offering an opportunity for the correction and verification of individual experience, upholding what is right, and exercising a wholesome influence on the whole body of obstetric practitioners. The dispelling of ignorance is the saving of life: having that end in view, they could hardly fail to do what is best and right. Finally, the President expressed his thanks to the Honorary Secretaries, Dr. Murray and Gervis, for the able manner in which they had aided him in carrying out his duties.

A vote of thanks to the President for his admirable address was proposed by Dr. Tilt, seconded by Dr. Ballard, and carried unanimously.

# Reviews and Notices of Books.

*Injuries and Diseases of the Knee-joint, and their Treatment by Amputation and Excision contrasted.* By WILLIAM PAUL SWAIN, F.R.C.S. 8vo. pp. 252. London: Churchill and Sons. 1869.

THIS work, which was one of the Jacksonian prize essays for 1865, has already been before the profession in a somewhat different form in the *British Medical Journal*. The present volume contains some additional statistics, and a large appendix of over one hundred cases of disease of the knee, chiefly treated by excision. The object of the writer is not to give a systematic treatise on all the diseases to which the knee is liable, or even to speak very fully of those requiring removal of the joint, but rather, taking for granted that the case requires removal of the affected joint, to decide whether excision or amputation will be the proper proceeding. He therefore contents himself with a brief summary of the pathology of the chief diseases of the knee, and then dives at once into his proper subject.

Mr. Swain tells us that he has endeavoured to perform the task of contrasting the two operations in a fair and unbiased spirit, and we do not doubt it for an instant; but yet at times the feelings of a partisan appear to have overcome his efforts. We allude more particularly to the way in which he handles his statistics. To arrive at any conclusion with regard to the superiority of excision over amputation we must compare, not the mortality after one with the mortality after the other, but the failures of excision with the failures—that is, deaths—of amputation. For supposing excision to fail, amputation is our only resource; and if it had been possible to foresee the result, the question between the two operations in the first instance would have been answered in favour of amputation; and we suppose the object of comparing statistics is to enable us to answer that question in a satisfactory manner. Even supposing this view to be extreme, we do not see what right the advocates of excision have to include in the list of recoveries patients who are no better after it than before, simply because they did not happen to die from the operation; and this is the plan adopted in all the statistics given by Mr. Swain. At another place, Mr. Swain objects to the statistics of amputation for disease only being used in comparison with those of excision, because a few cases of excision have been done for wounds of the knee. We cannot help thinking this is a little hard upon amputation, when we consider that all cases of acute suppuration, extreme exhaustion, old age, and in which there is disease of any important viscus, are turned over to amputation as being unable to stand the drain made upon the constitution by excision. Also, as the object of our statistics is to enable us to decide whether it is better to amputate or excise in a given case of disease or injury of the joint, what advantage would it be to compare a railway smash, with all its accompanying shock, to a case of chronic disease of the knee? If we wish to arrive at any conclusions worth having, we must compare excision of the knee for wounds with amputation for wounds, and excision for disease with amputation for disease. If we adopt this method, primary excision bears no comparison to amputation; for, taking military and civil

surgery together, we get a mortality of 68 per cent. for excision; while in the Crimean War, the mortality in amputation of the thigh, not limiting ourselves to the lower third, was only 62 per cent. Probably, if it were limited to amputation in the lower third only, the deaths would not be more than about 30 per cent. In spite of this Mr. Swain seems to hope great things from excision in any future campaign England may engage in. We do not mean, by this comparison of statistics, to infer that excision of the knee is an unadvisable operation. On the contrary, we would rather say that it shows the mistake of putting any importance on the comparison of statistics of two operations which, if properly used, ought never to be considered applicable to the same case. Mr. Swain points out that by the proper selection of cases the mortality will doubtless be very much reduced; but when we put all the bad cases on to amputation, we must not glory in the improved statistics of excision, but rather that those of amputation are not worse than they are.

On the question of shortening of the limb after excision, we would draw Mr. Swain's attention to some curious measurements given on pp. 142 and 143. Here we find the patient was 4 ft. 6 in. in 1860, and in 1865 he was 4 ft. 9½ in.; yet, although his whole height had increased only 3¼ in., his sound leg had grown 5¼ in., and his lame one 3¼ in. Also, if the measurements of the tibia are correct, the bone grew, with its superior epiphysis gone, just as fast as that on the other side. Mr. Swain says that this is explained somewhere else, but we have searched in vain for it. We can only find a statement on p. 5 that the most important growth of the tibia is from the upper end.

The description of the operation and after-treatment is clear and practical. As to the real subject of the essay—viz., what cases are suitable for excision and what are not, Mr. Swain's views may be summed up as follows: Excise in all cases in which you possibly can. Excision is not advisable before ten and over forty-five years of age, in any case of acute suppuration, or whenever there is serious visceral disease. It is also rendered impossible in some cases by the extent of the disease of the bones, and occasionally by the state of the peri-articular tissues. No operation of any kind should be performed when the disease is confined to the synovial membrane, even in cases of so-called gelatiniform degeneration.

On the whole, the book bears the stamp of being written by one thoroughly in earnest in his efforts to remove, as far as may be possible, what he considers a disgrace to our art—viz., amputation for disease of the knee-joint; and it has that practical style about it which can only be acquired by a thorough acquaintance with the subject, gained by long and careful observation.

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*The Anatomy and Physiology of the Blowfly (Musca vomitoria,* LINN.). A Monograph. By BENJ. THOMAS LOWNE, Esq., M.R.C.S. Illustrated with ten plates. London: J. Van Voorst. 1870.

THE work before us is, we think, very creditable to Mr. Lowne. It contains a clear and concise account of the common insect he has taken as his text, and consequently of all the Diptera. The cares and anxieties of practice in this country are of such a nature, and the stimulus to original investigation is so small, that it is comparatively seldom we have to review a work written without view to immediate advancement in the profession, and with apparently no other object than the progress of science. Such seems, however, to be unquestionably the case here. It is impossible to imagine that a knowledge of the anatomy of the blowfly will directly help a man in his practice as a surgeon or a physician, or even as an obstetrician. That it will do so indirectly, we have little doubt. The qualities which make a man set himself such a task, and enable him to accomplish it satisfactorily, will assuredly aid him in his progress through life. Patience, perseverance in overcoming difficulties, exquisitely delicate manipulation, an observing eye, and the avoidance of hasty conclusions, while they are qualities that may be learnt in the pursuit of anatomy, are by no means inapplicable to other branches of professional knowledge. Let us see how they have been applied here.

The work is divided into two parts, the first comprising twelve sections, and dealing with the general anatomy and physiology of the blowfly, and the second containing twenty-three sections, and embracing the details of the anatomy of the several organs.

Mr. Lowne is led by the history of development in the larva to regard the segments composing the mouth to be anterior to the antennal and optic segments, which, in fact, are the fourth and fifth segments—an arrangement not improbable in itself, and one that, if demonstrated by subsequent investigations to be correct, will not only clear away much of the difficulty attending the structure of the cephalic segments in the imago, which has led some distinguished anatomists to hold that the upper surface of the head is sternal rather than dorsal, but may also be found to have an important bearing on the arrangement of the same parts in other divisions of the great articulate group. In regard to the development of the head and thorax generally, Mr. Lowne has been able to satisfy himself of the correctness of the statements of M. Weismann, which have been recently also corroborated by Melnikow, that they do not proceed from the corresponding larval segments, but from a series of discs, termed imaginal discs, firmly adherent to the horns and trachea of the anterior extremity of the larva.

In reference to the halteres, the nature of which has always been so obscure, Mr. Lowne remarks that "they are evidently modifications of the posterior wings, and have been called balancers, from an idea that they are connected with flight. A very large nerve, terminating in nerve-cells, fills their cavity, and is connected with a number of small highly refracting bodies, regularly arranged around the base of the organ, which I am inclined to regard as otoconia; and if such is the case, the halteres are manifestly organs of hearing. That flies do hear may be inferred from their possessing the power of emitting special sounds, and also by the manner in which they disappear when one is captured and allowed to make the peculiar plaintive note which they invariably emit when distressed. In grasshoppers, and other Orthoptera, the organs of hearing are situated on the anterior tibiæ, so that the position of the halteres cannot be urged as an argument against such a function. A number of minute organs (the existence of which was first pointed out by Dr. Braxton Hicks, though their internal structure has not hitherto been described), similar to those which I believe to be otoconia in the halteres, are disposed in regular groups in the subcostal nervure of the wing. These are remarkably constant in insects, and are especially interesting in relation to the halteres of flies, leading, as it were, gradually up to the complete modification of the second pair of wings into organs of special sense."

We have not space to give here any account of the various original facts that Mr. Lowne has accumulated, such as the existence of a ganglionic or sympathetic system of nerves, distinct from that of animal life; the analogy of the rectal papillæ to kidneys, and their remarkable pulsatile action; and the admirable description of the proboscis, which has engaged the attention of so many previous observers. For these, and many others, our readers must refer to the work itself.

The plates, which have been drawn by Mr. Lowne himself, though somewhat rough in appearance, are yet sufficiently expressive. But we think the letter-press is not quite equal to the generality of Mr. Van Voorst's publications; whilst we would suggest to Mr. Lowne to pay a little more attention to the orthography of German names and words, no less than eight mistakes occurring in the two notes on pages 29 and 117. These, however, are but minor points; and we take leave of his work by again expressing our satisfaction at the ability he has displayed in the demonstration of a confessedly very difficult subject.

## A REMARKABLE CASE OF ADAPTATION OF ARTIFICIAL LIMBS.

WE have recently had an opportunity of examining an unique case of adaptation of artificial extremities. The case in question was altogether exceptional, since both the hands and the legs had been removed by amputation, and artificial substitutes provided. The adaptation of artificial limbs after double amputation, either of the arms or of the legs, although justly regarded as a triumph of mechanical art, has been by no means rare; but this is the first instance we have known in which the orthopractic mechanician has been called upon, or, perhaps more correctly, has attempted, to furnish both arms and legs to the same individual. Mr. Heather Bigg, who has accomplished this difficult and unique feat, deserves the highest credit for the skill he has displayed in carrying it to a successful issue.

The patient for whom the adaptation of hands and feet has been made is a married lady, twenty-four years of age. Shortly after a first confinement, both the hands and the feet, as also the septum of the nose, became gangrenous. The nose recovered without much detriment; but it was necessary to remove the extremities, and they were amputated by Dr. Begg, of Dundee, under whose care the patient was. We touch briefly only on the leading features of the case, as Dr. Begg proposes soon to publish a detailed account of it. The stumps healed rapidly; and, as soon as the cicatrices had become quite sound, the case was placed under the charge of Mr. Heather Bigg, in order that he might endeavour, if it were practicable, to ameliorate the distressing degree of disability to which the patient was reduced. The state of the lady at this time is well shown in the accompanying woodcut, drawn from a photograph.

The following particulars will indicate the character of the stumps. The length of each leg-stump, from the centre of the knee to the extremity, was five inches and a half only; the stump of the right arm, from the centre of the elbow to the extremity, measured five inches; the stump of the left arm seven inches. Both the leg-stumps and the arm-stumps were well fitted, by their form, for the adaptation of artificial limbs; the ends of the bones were covered with firm cushions of integument, and the cicatrices were entirely free from tenderness on pressure. Notwithstanding, however, the excellent character of the stumps, a difficulty was experienced in fixing artificial additions to them, as it was requisite to have regard to the circumstances which had rendered amputation necessary, and diminish the amount of pressure to which the stump would be subjected to the least possible amount. Mr. Heather Bigg met this difficulty, and the whole of the requirements of the case, in the following manner:—For the legs, he devised a strong, though yielding, leather sheath, which surrounds the thighs, and receives the weight of the patient when standing. To these leather cylinders lateral steel rods are attached, having an axis for the movement of the knee, this axis being so fixed as to carry the centre of motion well behind the natural axis of the articulation, thus giving stability when the patient stands erect or walks, but not interfering with the natural movement of the knee-joint. The stumps themselves are received into carefully fitted troughs, lined with soft leather, and having the form of the leg exteriorly. There is a shapely foot, and the ankle is formed by a single ball-and-socket joint, upon an ingenious principle which Mr. Bigg has patented. This joint enables the patient to rest in easy equilibrium upon the feet, and gives a singular facility of motion in walking. The legs are fastened to the body by elastic straps, joined to a linen pelvic belt.

The artificial hands are constructed upon a novel principle. The idea was suggested to Mr. Bigg by the hand invented by Count de Beaufort. In this hand the thumb alone is moved, the motion being obtained by a catgut cord, which passes over the opposite shoulder. This plan is very inconvenient and awkward, and Mr. Bigg has improved upon it by giving motion to the thumbs of the hands, in the case under consideration, by a cord ingeniously fastened to a small stud forming part of the artificial elbow-joint. Two of the fingers (the index and middle) in Mr. Bigg's artificial hand also partake in the movement. By this arrangement, the patient, on simply extending the arm, opens the fingers in a position fitted for grasping easily small articles.

At the time when we saw the case the artificial extremities had only been adapted a fortnight, but so skilfully had Mr. Bigg done his work that the patient had acquired considerable facility in using the substituted hands and legs. She sat, changing her position as she wished, with comfort; she stood erect and walked with but slight support, but she has still had too little practice to gain complete power over her equilibrium when upon her feet. Mr. Bigg has invented a most ingenious go-cart for her to practise walking with. She feeds herself, using a knife and fork with ease; she carries also a drinking-vessel with fluid to her mouth without difficulty; she picks up articles readily, and is even able to take up a pin; she uses a handkerchief, as in wiping her brows and lips, with freedom; crochets readily; and even is beginning to write. It was surprising to note the control she had already obtained over a pencil. We have said sufficient to show the marvellous amelioration which has been made in the lady's state of painful disability by Mr. Heather Bigg's singular skill and ingenuity.

LONDON UNION SOCIETY.—The next meeting of the London Union Society will be held in the Medical Library, University College, on Wednesday evening next, at 7.30. The subject for discussion, "That the present civil and political subjection of woman is unjust, and that the franchise ought to be extended to them," will be opened in the affirmative by Mr. Marcus M. Hartog, of University College, and Mr. Francis J. Carey, M.A., of Guy's Hospital, will oppose the proposition. Members of the Oxford and Cambridge Unions are admissible as honorary members of the Society. Visitors are permitted to take part in the debates.

# THE LANCET.

LONDON: SATURDAY, JANUARY 15, 1870.


IF Mr. SYME writes letters from time to time so full of sense and sagacity as those we have published in our present and our last impressions, the public will have some reason for regretting less than they otherwise would the illness which compelled him to discontinue some surgical duties, and gives him more leisure for the expression of his opinions on matters deeply affecting both the public and the profession.

Mr. SYME's letters are a most timely contribution to the discussion of medical reform. It is true there is nothing very new in them. They reiterate views which we have expressed again and again within the last few months. But it is something to have the expression of them from him. He is a veteran teacher, a veteran examiner, and a veteran surgeon. He has been honourably associated with both universities and corporations for a generation or two. He has been a member of the General Medical Council. The public and the profession will therefore attach great importance to his view of the reform that is needed in order to give the public the best guarantee it can have of the efficiency of its medical practitioners.

Mr. SYME's account of the working of the present Council equals all that we have ever said of it, and shows how the corporation interests have been predominant. The great duty the Council had first to perform was that of registration. The question was, what was to guide the Council in registering the qualifications of men. Mr. SYME naturally says the simple principle that should have guided the Council was the nature of the education a man had had, and of the examination which he had passed. But, says Mr. SYME, "this simple view of the case did not please the representatives of the corporations who were *then* [the italics are ours] dominant in the Council, and who contended that a man should qualify for only one department of practice"—qualify, that is, at any one licensing board for only one department of practice. And the representatives of the corporations had their way, and one diploma or degree was only allowed to qualify for one department of practice in order that a man might be compelled to take diplomas from more than one board. The evil of this arrangement Mr. SYME illustrates. In the first place, some of the licensing boards, to maintain a reason for the absurd arrangement, continued, until public opinion compelled a change, to omit in the examination of candidates the application of any test of knowledge of half of the science of healing. The College of Surgeons did not examine in medicine, and the apothecaries took no notice of surgery. All the English universities ignored surgery. But this was not the whole of the evil. To get the medical degrees of the Scotch universities it was necessary to pass an examination in surgery as well as medicine; and to get the diploma of the Edinburgh College of Surgeons an examination in medicine was necessary. The Edinburgh graduate had, in order to get his degree, to attend at least three courses of surgery, and to pass an examination in surgery at least equal to that of the London College of Surgeons. But this examination in surgery counted for nothing with the "representatives of the corporations;" and they pronounced the Edinburgh graduate qualified only in medicine. A more interested and indefensible procedure could not be imagined. And yet, forsooth, it is maintained that this Council is the very best that can be conceived, and does nothing out of consideration to the corporations. Mr. SYME even, by the use of the word "then" and other expressions, would lead us to think that it is different now. But unless he can make out that human nature and the nature of corporations, which is even more immutable, has undergone change, he will fail to convince the profession that "the representatives of the corporations" will cease to consider the corporations, even in the present lofty atmosphere of the General Medical Council. In one of his own letters Mr. SYME gives indications of doubt as to the perfect singleness of purpose of the Council. And only at its last meeting so good a member as Dr. ANDREW WOOD thought that all that reason and justice required would be met by demanding that no man should be registered who was not possessed of a legal qualification both in medicine and surgery, taking no account of the nature of examinations he might have passed.

We have urged lately that the corporations and colleges should be relieved of the duty of licensing practitioners, and set at liberty to cultivate the higher branches of professional knowledge and promote the higher fellowship of the profession. It is dangerous for even learned bodies to be under temptation to sell their diplomas. It has entered into the thought of men to deal in holier things than diplomas. Mr. SYME, in that terrible English of his, gives an illustration of the way in which a learned body may do "a thriving trade" in giving its licences. The College of Physicians of Edinburgh, looking with a piteous eye upon men with only one diploma, or with ignoble titles, and upon itself, came to their relief with all the allurements of low examinations, or none, and high titles. In one year, according to Mr. SYME, the Edinburgh College of Physicians put £10,000 into its coffers by giving its licence to men, without examination, for £10 10s. apiece. A College of Physicians is supposed to represent the loftiest feeling of the profession. Alas for the profession if there is a gradation downwards from it to surgeons, and thence to apothecaries!

We maintain that it should be beyond the temptation of any Licensing Board to enrich itself in this way. We want a Board above suspicion, which shall be constituted of men not absorbed in general practice, and whose emolument shall be entirely independent of the number of candidates they pass. We are glad that Mr. SYME joins us in declaring in favour of such a Board. He would have it appointed and paid by Government. We would have it paid by Government, but appointed by a new Medical Council, to be chosen, half by the Crown and half by the whole profession. The important thing is that Mr. SYME asks for a Board independent of all corporations and universities. He discusses the effect of

the establishment of such a Board on the corporations, and concludes that, while at first they will regard it as an intolerable interference with their profitable privileges, on reflection they may take more kindly to the idea. We hope it may be so. We believe, with Mr. SYME, that the great corporations and the universities will still have an important function, in the discharge of which they would find both honour and profit. Let us hope that the corporations will not resist public opinion, which will not be satisfied till, in the interest of the profession and the public, "trading" in common licences is made impossible.

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THE public press has lately been called upon to record an unusual number of deaths occurring during the employment of chloroform; and although these so-called "accidents" bear an infinitely small proportion to the cases in which the most popular of anæsthetic agents is administered without injury, yet they serve to alarm patients and their friends, to surround the idea of an operation with unnecessary anticipations of evil, and possibly, in some cases, to modify through the emotions the ultimate results of treatment. Nor can it be said that the risks are altogether imaginary. In the last week of the old year two deaths under chloroform were recorded, one in London and one at Lincoln, and both in public hospitals. We feel, therefore, that the time has come at which, as medical journalists, we are bound to inquire what dangers are inseparable from the use of chloroform, how far these may be obviated by special precautions, and within what limits, as well as by what means, the restoration of patients from conditions of peril may be hoped for.

And, on the very threshold of this inquiry, we feel bound to enter a protest against certain "Memoranda respecting the Administration of Chloroform" that have recently been given to the world in the pages of a contemporary. These memoranda are, on the whole, neither physiologically true nor practically valuable. The injunction to "flip" the patient with a towel, for example, is a revival of an obsolete method of schoolboy torture that would be always cruel and always useless. Any patient capable of being roused by it would shortly come round without it; and it could only be even apparently useful in cases where danger had no existence, save in the imaginations of the bystanders. Of such cases there are many; and upon them many a superstructure of presumed successful treatment has been raised.

We may at once state our belief that a certain proportion of deaths from chloroform are simply due to careless administration. The chloroformist, in such instances, is thinking about the operation instead of about the patient, and forgets that he is giving an agent that is essentially deadly, and that will necessarily kill if inhaled in an overdose. This, however, is a consideration that should never be absent from his mind; and on account of it, wherever such aid can be obtained, we hold that chloroform should be administered by a physician, whose habitual course of thought would lead him to watch the vital functions of the patient, rather than the manipulations of the surgeon. We are quite sure that patients have been actually killed by the anæsthetic, as an animal might be killed by it in a laboratory, while these manipulations were being followed, and when ordinary attention would have altogether excluded danger. Such instances are not numerous, but from time to time they occur.

Taking, then, as the first condition of safety, the presence of a competent administrator, who shall attend to the anæsthesia alone, we may accept the rules that are generally observed with regard to preliminary abstinence, the administration of a stimulant, the loosening of the clothing, and the recumbent position. We lay no stress upon the kind of inhaler, except to observe that no inhaler will afford any security against the consequences of carelessness in its employment.

If we confine an animal in an atmosphere highly charged with chloroform, and watch the effect, we shall observe that, after the third stage is reached, the respiration becomes fainter and fainter, and presently ceases. If we then open the thorax, we find the lungs contracted and bloodless, the heart still beating. The vital function suspended is that of breathing, and all efforts to restore life must be directed to its re-establishment. It follows that the breathing and pulse should be the points to which the attention of the chloroformist should be chiefly directed. If it begin to flag, the inhaler should be withdrawn, and air given. If it very speedily recover, the administration may be cautiously resumed, although there will probably be some cases in which a prudent man would decline to incur this risk. If it does not recover immediately, the patient may be very gently rolled over upon his left side. In this position, time will usually bring about recovery; and the position alone will do all that can be effected by drawing out the tongue, dashing cold water on the face, and flipping with a towel. If the change of position be followed by no improvement, or if the breathing should still fail, the next step is to endeavour to restore it by artificial means. How should this be done?

We had an opportunity this week of witnessing some experiments upon rabbits, by Dr. RICHARDSON, which appear to show that, after apparent death from chloroform, any rough handling, or compression of the chest or abdomen, destroys every chance of recovery, and renders those methods useless which might otherwise be employed successfully. The effect of such rough handling seems to be to paralyse the enfeebled heart, and to break another link in the chain of vital action. As a matter of precaution, therefore, it may be laid down as a rule that no attempt to procure artificial respiration by compression of the trunk should ever be made. The chief methods that remain are artificial inflation of the lungs, and excitation of the respiratory muscles by a current of induced electricity.

Inflation of the lungs was long ago advised by Dr. SNOW, who suggested that it should be done from mouth to mouth. Dr. RICHARDSON has lately contrived for the purpose a little double-action bellows, that can be procured for ten shillings, and can be worked by one hand. At the will of the operator they either exhaust or inflate; and they are furnished with a nozzle to be passed into one of the nostrils. In the case of a rabbit in which respiration had ceased, the nozzle is inserted, and the chest emptied of a portion of its chloroform-loaded air. Fresh air is then

pumped in, and alternate exhaustion and inflation practised with much gentleness, until an effort at independent breathing is seen. The nozzle is then removed, and the further progress of the case is left to Nature. In one experiment that we witnessed, the inflation was commenced about half a minute after the total cessation of breathing, and was continued for four minutes before any sign of life appeared. In a little while the creature was running about, and seeming none the worse for its adventures.

We purpose to return to this subject in our next impression, to give some further account of Dr. RICHARDSON's experiments, to describe the action of galvanism, and to make suggestions for the management of cases of suspended animation when they occur.

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HOSPITAL statistics, and the conclusions deducible from them, have formed a very sea of controversy; and we have seen, and are likely to behold for some time longer, strong swimmers like Sir JAMES SIMPSON, Mr. HOLMES, Mr. CALLENDER, Dr. MATTHEWS DUNCAN, and others, battling in its waters.

The question of Hospitalism is one of vast importance, and requires, above all things, to be approached in an impartial spirit, and with a real desire to seek the truth for its own sake. It is surrounded with difficulties of a practical kind, which the progress of civilisation, the increase of the population, and its centralisation in large towns and cities, yearly tend to augment. The difficulties of providing for the care and cure of the sick and maimed are clearly in direct ratio to the number of inhabitants aggregated on any given area. The inquiry must be a practical one. It is comparatively easy to obtain an insight into the principles which should guide us in this matter; but to push these on all occasions to their logical conclusion, and to insist on their exclusive adoption, may be to lodge us in an impracticable position. As to maternity hospitals, the question has been well-nigh definitively settled; and with regard to cases of amputation or severe operation, we suppose few would contend that an hospital, or, in other words, an organic condition of atmosphere, so liable to be engendered where such cases are aggregated together in one ward or under one roof, is not a source of grave danger.

Professor LISTER has done good public service in publishing his experience of the antiseptic system in the Glasgow wards, with which he is now no longer connected. There is everything in the papers which have appeared in our last two numbers to merit the attention of the profession, and especially of surgeons to hospitals, and all those who take an interest in hospitals. In the light of the present discussion on hospitalism, these papers have a special value. Prof. LISTER has endeavoured to show how the most unhealthy wards of such institutions, redolent of pyæmia, erysipelas, and hospital gangrene, with the most insalubrious surroundings, can be filled with cases of accident and surgical operation, and yet be made practically as healthy as a cottage or a private house. At least this is the burden of his last statements. It is idle to assert that any other surgeon has carried out such a careful and minute antiseptic treatment as he has done. Yet he admits that it is not perfect in his hands. He says that putrefaction cannot always be prevented, even when no sinuses are present in the parts. This is especially the case in the larger amputations of the lower limb. But he adds that he has been making steady progress in this direction in the last twelve months.

We will not go into any detailed examination of Mr. LISTER's statements; for his papers will be read minutely and critically by all who feel any interest in surgery, either as a science or an art. Suffice it to say that he claims to have almost entirely abolished pyæmia, erysipelas, and hospital gangrene from his horribly situated Glasgow wards; and that whereas in these wards before the antiseptic period there were 16 deaths in 35 cases of amputation (or 1 death in every 2¼ cases), there were during the antiseptic treatment 6 deaths in 40 cases (or 1 death in every 6⅔ cases).

Can we not have this treatment fairly and crucially tried in London? There are, unfortunately, London hospitals which afford only too good a field for testing the system. It is to little purpose to say it has been tried, or, as some of our surgeons assert, that there is no need of it. It has taken Professor LISTER five or six years to bring his own antiseptic treatment to its present degree of perfection; and we have no reports of anything like similar pains being taken in any of our London hospitals, while we have reports which show how great is the need for some such agent. Let Mr. LISTER's processes be carefully carried out by trusted pupils of his own in some London hospitals. Only some such experiment as this will satisfy all parties; and, in the interest of our large hospitals and of humanity, the sooner such an experiment is tried the better. Mr. LISTER's statements are either exactly true, or exaggerated with the excusable partiality of a discoverer. It is highly important that they should be tested by impartial observers. The results which he claims to have followed from the adoption of his system in Glasgow ought to be procurable in London. The experiment might, we repeat, be easily enough instituted by taking a surgical ward of a London hospital known for its unhealthiness, and subjecting it to Mr. LISTER's treatment; only this would have to be applied by those in whom Mr. LISTER has confidence. For, according to his constant showing, everything depends on the most minute pains and details, which could not be expected of the uninitiated.

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# Medical Annotations.

"Ne quid nimis."

## CHILDREN'S PARTIES.

CHILDREN'S PARTIES are among the many peculiarities of our present social life. Doubtless children have always more or less had their parties, but the scale and style of them at the present day are something quite peculiar. The little guests are summoned two or three weeks beforehand, probably by gilt-edged circulars, and in terms formal and complimentary. They assemble in the evening, and stay well on towards midnight. We shall leave to others the consideration of the moral consequences to the juvenile mind of this early acquaintance with all the forms of fashionable society, and shall confine ourselves to a consideration of the physical consequences, which we take to be injurious and

undesirable. Children are excited beforehand, and, still more, at the time. They are dressed insufficiently; they dance themselves into great fatigue; they eat and drink at late evening hours what would try their digestion badly enough in its midday vigour; and, worst of all, they lose from two to six hours' sleep. The ulterior consequences of this entire disarrangement of their habits and their functions are paleness, languor, and the development of various other ailments, according to the constitutional peculiarities of the children. By all means let children have their own gatherings, but let them be within reasonable hours. Let food be simple, dress sufficient and warm, and above all let not the precious hours of sleep be curtailed just when, by reason of excitement and exhaustion, they need to be extended. We have heard of simpler nations than ours, which have their children's gatherings in the early afternoon, at which the repast is plain, and which break up when ours are beginning. English parents should imitate this simplicity. What pleasure are children to get out of society when they become young men and women, if they are to be satiated and exhausted with formal and late evening parties when they have barely got into their teens?

## SALE OF POISONS.

WE take leave to call attention to this important subject, and to show the necessity that exists for a stringent interpretation of the Act passed in 1868 relative to the sale of dangerous drugs. Some few days ago a person named M'Call, of Little St. Andrew-street, Seven Dials (who keeps a shop, conspicuously set forth as a "medical hall"), appeared at the Marlborough-street Police Court to answer two summonses preferred by the Pharmaceutical Society. These summonses charged him with unlawfully dispensing a prescription containing strychnine, omitting to label the bottle with the name and address of the vendor, and neglecting also to enter the prescription in a book that, according to the terms of the Act, should be kept for the purpose; and, lastly, with unlawfully selling a certain poison by retail, the name of the poison and the name of the purchaser not being affixed to the bottle containing it. The same person was also proved to have sold oxalic acid without making any entry of the sale, and was ultimately fined £2 and costs. Dr. Ballard, medical officer of health for Islington, records that, on Christmas-eve, a family in his district was nearly poisoned by tartar-emetic sold for carbonate of soda by the boy assistant of a careless oilman. The salt was actually marked cream of tartar, and had been in the tin in which it was found for two years, so that, as Dr. Ballard remarks, at any time within this interval, "a tragedy might have been enacted almost without a parallel had any of this 'cream of tartar' been purchased for the making of ginger-beer for sale in the streets." On the 18th of November last an inquest was held at Woolwich, in the course of which it appeared that a working man, having heard that the children of a friend were afflicted with whooping-cough, gave to that friend a prescription written from the recollections of twenty-five years ago, consisting of two pennyworth of antimony wine and two pennyworth of laudanum, with directions as to the number of drops to be given; that this prescription was made up by a chemist in the neighbourhood; that no poison-label was put upon the bottle, and no warning remark made by the dispenser as to the dangerous nature of its contents; that the mixture was given to the children, and that, in a few hours, one was dead. Many more recorded cases might be cited, and there can be no doubt whatever as to the usefulness of an Act that, if properly carried out, must tend, in a very great degree, to ensure the safety of the public when dealing with poisonous drugs. It is a matter of great satisfaction to know that the staff of the Pharmaceutical Society have taken up the question actively and energetically, and, as we are informed, are determined to institute further prosecutions as occasion may require. But the above particulars still further increase a mass of evidence already gleaned, showing the urgent need in this country of a public prosecutor.

## CRIME IN THE ARMY.

OUR contemporary the *Broad Arrow* has some remarks on the means to be used for diminishing drunkenness in the army, and from the same authority we learn that, latterly, instances of suicide have been so frequent among the soldiers in Malta as to exceed the ordinary mortality from other causes. Two cases occurred last week, and the subject has been solemnly referred to by the chaplains to the forces in their exhortations from the pulpit. Now, we think that it would not be difficult to find a cause common to both the drunkenness and suicide. Soldiers suffer from *ennui* probably more than almost any other class of men. Their duties are of the most monotonous and routine description. They have little or no scope for the exercise of their mental faculties, or for indulgence in innocent pleasures. They are commonly cut off from domestic enjoyments, and deprived—and few of us have any conception of what a deprivation it is—of the power of retirement and isolation at will. A soldier is almost never alone. Let his individual tastes be what they may, and let him be in any frame of mind or temper, the soldier must always live in the society of his comrades. Whether his sympathies or tastes be in harmony with theirs or not, he must learn to bear and forbear, and to forego alike the pleasures and the benefits of retirement and thoughtfulness. His physical condition has been immensely improved of late years; but soldiers still require to have more work, and a greater variety of it. There are innumerable occupations in which they should be encouraged to employ themselves. A soldier who has once really learnt his drills goes through them like an automaton, and he carries much of the same spirit into his pleasures and his vices. Shut up in an uninteresting garrison town, in a hot, enervating climate like that of Malta, with its low public-houses at every turn of the street, it is not surprising that he seeks the transient excitement to be obtained in them. The liquors sold are of the cheapest and worst description, and headaches, indigestion, and depression of spirits surely succeed. Many an unfortunate fellow takes to dram-drinking to overcome the depression following the evening's debauch, or failing that, he occasionally commits suicide.

One of the great curses of Malta is the abundance of low liquor shops there. The amount of drunkenness among the troops is large, and it is, we are assured, the probable source, directly or indirectly, of half the diseases to which they are liable in that climate. On the one hand, everything must be done to give soldiers occupation and amusement; but this will fail unless we, on the other hand, are prepared to repress a great many of these taverns, and to place them all under strict surveillance. Why should not soldiers in a large garrison, like Malta, have their club like the officers, and conduct it themselves? There would be some chance of getting them interested in the management of an institution of their own, and they would be surely more likely to find the kind of amusements which would prove attractive to themselves.

There is, we feel certain, in all army matters too much of the spirit of inspection and legislation. Soldiers will not be amused on compulsion, any more than men will be made good by Act of Parliament. Officers and others, who really interest themselves in their men's welfare, often feel dis-

heartened at the small amount of success that attends their schemes. Would it not be as well to encourage the men to try a plan of their own? Some abuses would no doubt attend the experiment, but drunkenness and quarreling were not always so rare as they now are among the classes who frequent clubs and dinner parties. The like result might succeed in the case of soldiers as it has done in that of their superiors.

## PROPOSED AMALGAMATION OF THE MEDICAL SOCIETIES.

A FOURTH MEETING of the Committee of Delegates for drawing up a scheme for the proposed amalgamation of the Medical Societies took place on Monday evening. After a prolonged sitting of three hours, a scheme for submission to the various Societies represented was completed. The meeting was then adjourned for a fortnight, when the members will again assemble in order to revise the scheme and to make any additions or modifications which may be found to be requisite, considered in its completed form. When the Committee has completed its labours, we shall discuss the resolutions which embody its scheme of amalgamation, so far as this may be necessary, in detail. We trust that the Committee will publish its resolutions with as little delay as practicable after its next meeting. It is in the highest degree desirable that the members of the different Societies represented should have an opportunity of considering at leisure the scheme which will be proposed, before they are called upon to vote concerning it in the general meetings of the Societies which will be summoned to discuss it. We believe that several of the difficulties which threaten the success of the propositions of the Royal Medical and Chirurgical Society have arisen from misapprehension of the true nature of the propositions.

## CHINCHONA.

THE range of growth of this plant is being rapidly extended. During the Indian mutiny the enormous price given for quinine at Bombay and elsewhere in that presidency proved the importance of cultivating the chinchona plant in that country, and efforts in this direction have since been attended with remarkable success. A new variety, yielding a larger percentage of quinine than any species yet analysed, has been discovered by Mr. Broughton, the quinologist to the Madras Government; and it is said to have been raised from seeds collected in the Loxa district of the Andes. About four thousand chinchona trees have lately been planted in the island of St. Helena, and as the climate is specially favourable, and the inhabitants skilful in the management of the trees, there is no reason why this place of call for many of our vessels should not, in this way, supplement usefully her somewhat scanty revenues. The epidemic at Mauritius in 1867 showed sufficiently the importance of cheapening quinine at home and abroad in every possible way.

## THE REGISTRAR-GENERAL'S WEEKLY RETURN.

THE Registrar-General has marked the beginning of a new year in his department by introducing improvements in his Weekly Return, so that what was even previously an exceedingly valuable publication is now brought to a perfection which, we believe, renders it unequalled in respect of the variety and extent of the information it gives about the statistics of town mortality.

Every Wednesday morning we shall have before us an account of the births and deaths registered during the previous week in London and nineteen other large cities and towns in the United Kingdom, comprehending altogether a population of nearly seven and a quarter millions.

To put it in another form, for *one-fourth part of the whole population of the kingdom* we shall be able to mark week by week those fluctuations in the vital force which are indicated by the events of birth and death; the portion of the community thus under observation being, as to one condition of life, so circumstanced as that what is common to one part of it is common to all, and that is the condition of aggregation in large masses. The smallest town on the Registrar-General's list (Wolverhampton) has a population of 73,000, another (Liverpool) contains some 500,000, while the metropolis itself counts for more than three millions.

For each one of these great centres of population, we can ascertain from the Weekly Return how many deaths occur every week from the principal forms of epidemic or contagious diseases, and the ratio of the deaths to the population is also given to facilitate the comparison of one town with another.

And the activity of the Registrar-General is not confined within our insular limits; he has scoured the Continent until he has induced first Vienna, then Berlin, and afterwards Paris, to become contributors to his Weekly Return, so as to enable us to judge, in some measure, of the relative chances of life at home and abroad. By such means we get intimation of the fact that out of 1106 deaths occurring in Paris last week, no less than 40 were caused by small-pox.

It is satisfactory to know that the Registrar-General and his colleagues in the Statistical Department at Somerset House are so evidently desirous of utilising for the benefit of the public the materials, so valuable as aids to the study of disease, which they possess in the registers of births and deaths.

We believe that the staff of the Statistical Department has not been increased by a single additional clerk for many years past, so that all the recent improvements in the official publications, while they have brought increased work upon the staff, have not cost the country an extra sixpence, except, perhaps, in the matter of printing.

The Registrar-General is to be congratulated on the proof which his new Weekly Return gives of the high efficiency of his department, and to express our thanks for what he has thus done to meet the increasing requirements of sanitary science. It only remains for him now to take up the statistics of sickness, and deal with them in the same vigorous and thorough-going manner that he has done with the statistics of mortality, to raise his fame as a public officer to its zenith.

We understand, by the way, that arrangements are being made for greatly extending the scope of the Quarterly Return of Deaths, and that in all probability this Return will appear in its new form for the first quarter in the present year.

## CONTAGIOUS DISEASES AND THE LADIES' PROTEST.

WE are very glad to perceive that our non-professional contemporaries are indisposed to join the ladies in their crusade against all attempts at legislation for controlling the spread of certain contagious diseases. They have the good sense to perceive that the subject involves issues of the gravest possible kind as far as the public health is concerned. Its consideration must be approached in a calm, judicial spirit, and the expediency or not of adopting some system of legislation must be discussed by those who, from being conversant with the facts, are alone qualified to determine what ought to be done. It is ridiculous to suppose that attempts at legislation, and efforts to avert the effects,

or control the spread, of these diseases, are to be stifled by appeals to feelings of sentiment; or by the exaggerated expressions of wounded sensibility. The question is not whether the vicious of the male sex may reasonably look to the authorities to protect them in their commerce with prostitutes, but the principle involved is whether the protection of the innocent is a matter of public concern. If the amount of physical evil were in proportion to the amount of indulged sin, or if even the effects of these diseases were limited to the individual sinners, there would be some force in the argument that such diseases possessed, morally speaking, a penal character; but such is not the case. The punishment of wickedness is one thing, and the protection of innocence and virtue is another, and one surely more important. The ladies forget that men who have at some time or other of their lives contracted this kind of disease, may marry virtuous women, and in that case their virtue does not protect them or their offspring. And it must be remembered that the poison is so subtle in its nature, and endowed with such a peculiar property of remaining latent in the system for long periods of time, that an infected person may be perfectly unsuspicious of any danger until he is consumed by remorse at the evil he has ignorantly inflicted on those whom he most affectionately cherishes. This is a view of the question which most medical men have had painfully brought before them; and, as the *Spectator* very judiciously remarks, the advisability of attempting to control the disease is a subject which it more especially belongs to us a profession to ponder over and decide upon.

## DISPENSARIES IN BETHNAL-GREEN.

BY the omission of a word in our report of the second offer made to the district medical officers by the Guardians of Bethnal-green, we inadvertently gave them credit for an amount of justice and liberality to which they are not by any means entitled. That offer was, "To reside at their own homes, and attend at the dispensary every morning to see patients. Drugs and a dispenser to be found by the guardians, to compensate for increased work."

It will thus be seen that the guardians have no intention of remunerating increase of work by increased pay, the finding and dispensing of drugs being considered sufficient justification for calling upon the officers to do nearly double work. The real nature of these proposals will be seen by supposing that the guardians' first offer were accepted. They would then have the exclusive services of three medical officers for £750, which, with servants, cost of coals, gas, and apartments, would probably be £300 more. Whereas at present they have the services of seven medical officers for £760, and nothing to find for apartments, &c. All the medical officers asked for was that the guardians should find and dispense the drugs, which they will have to do in any case. Now we have no hesitation in saying that the work will be more efficiently done by seven gentlemen who practise in the neighbourhood, and who have a reputation to maintain, than by three such men as the offer of the guardians would provide; to say nothing of the large number of patients which each officer will be required to attend, and the large area over which he will be called upon to visit. Now, also, that all medical salaries and extras are paid from the common fund, we are of opinion that the Poor-law Board should insist upon a uniform mode of payment, and particularly that the table of extra fees should in all cases be observed. The guardians would have satisfied the profession, and the public too, if they had contented themselves with instituting three dispensaries. The present staff of seven medical officers might have their districts equalised, and they would be satisfied with their present rate of payment (£120 a year), with the addition of the extras sanctioned by the Poor-law Board.

## METROPOLITAN ASYLUMS BOARD.

AT the last meeting of the Metropolitan Asylums Board 85 fresh cases of relapsing fever were reported by Dr. Buchanan. But Dr. Bridges, of the Poor-law Board, believed the return to be incomplete, for that 142 new cases had been reported by the Poor-law medical officers in seven days. It was resolved to erect a disinfecting apparatus at the temporary hospital at Hampstead. Some difficulty had been experienced in obtaining nurses for this hospital, but had been happily overcome, the sisterhood of East Grinstead having volunteered to undertake the responsibility. The Committee recommended that each patient should be charged at the rate of one guinea per week to the parish from which he was sent, and that the hospital be opened on the 20th inst. for the reception of patients.

We venture to protest against the proposal to charge the guardians for the patients. In dealing with contagious diseases it is essential that no pecuniary considerations should be permitted to form the least impediment to the prompt removal of the patients to the hospital, and we fear the very idea of paying one guinea per week is likely to have weight; nor is it necessary, because the cost of the patients is derived from the same fund from which the hospitals are also built. By clause 69 of the Metropolitan Poor Bill, 1867, the erection of these hospitals and the maintenance of the patients are both chargeable on the Common Poor Fund. The proposed arrangement affords a remarkable example of "circumlocution"—the managers are to charge the guardians, and the latter are, in their turn, to charge the Common Poor Fund. To be consistent, the managers should charge the guardians for the hospitals as well. There can be no reason whatever for this roundabout proceeding.

## A CASE OF LEGAL ACQUITTAL.

THE case of Wells, a chemist, tried at the Central Criminal Court on Wednesday last, for an alleged use of instruments to procure abortion, ended, as might have been reasonably anticipated, in an acquittal. It may be remembered that he was applied to by a young woman, who found that she was pregnant, and that Wells, a chemist in Poland-street, who possesses no medical qualification, thereupon took her into the back room and passed a speculum, with the view, as he says, of ascertaining whether she was pregnant or not. Shortly afterwards the unfortunate girl became ill, and then Mr. Chandler, of Berners-street, whom she consulted, called upon Wells and taxed him with using instruments feloniously upon her, whereupon Wells denied that he had done anything but inject a little water. He then returned to Chandler the three pounds he had received from the young woman for "curing her," and requested Chandler to take charge of her. As she unfortunately grew worse, she was at length removed to a home for young women, in Great Marlborough-street, and died there under Dr. Gibbon's care, of inflammation of the lungs. Previously to her death, the unfortunate patient made a deposition before a magistrate, in which she stated that Wells had introduced "some round thing,"—no doubt a speculum—but denied having seen any "instrument," or having suffered any pain from his manipulation. The post-mortem examination showed extensive disease of the lungs, established the fact of there being no pregnancy, and gave somewhat doubtful evidence of a bruise on one of the lips of the os uteri.

There was no evidence to show that Mr. Chandler was aware

of her visit to Wells until after it had taken place, but it was established that he had then himself examined her with the speculum, and had supplied her with a vaginal injection-bottle. The counsel for the defence relied a good deal upon these admissions and of course proved readily enough by scientific witnesses that the use of vaginal injections was a recognised and common mode of treating female disorders. It strikes us that neither judge nor counsel fully appreciated the difference between a *vaginal* and a *uterine* injection. Mr. Justice Byles laid down very clearly that it was the "intent" with which any instrument *or injection* was employed that constituted the criminal offence, but apparently failed to see that the use of a speculum, in itself harmless, might be only a necessary preliminary to the use of a uterine injection, which would doubtless tend to produce abortion in a pregnant woman. Again, the fact that a woman placed on her side to have the speculum introduced did not see any instrument employed will not surprise those who know that the operator is necessarily *behind* the patient. Under the circumstances—the death being so distinctly traceable to other causes—no verdict but one of acquittal could have been looked for; but if our observations on the case should prove of service in the prosecution of any scoundrel abortion-monger, we shall feel that we have done the State some service.

## THE VISITORSHIP OF CHANCERY LUNATICS.

THE lamented death of Sir Charles Hood puts at the disposal of the Lord Chancellor one of the very few medical appointments which are lucrative enough to deserve the name of prizes. We trust that the utmost care will be taken to award this appointment according to real merit; and we feel much confidence in appealing to Lord Hatherley to this effect, from the high reputation for conscientiousness which he has so long deservedly enjoyed. At this moment we have no official knowledge of the names of actual candidates; the only thing we can do, therefore, is to point out names which stand pre-eminent as representing real work, and not mere wealth or family connexion. Dr. Maudsley, unquestionably, stands first among English alienists; his work "On the Physiology and Pathology of the Mind" marks a new era in the study and treatment of mental diseases. Dr. Lockhart Robertson is an accomplished and scholarly physician, and has given much practical attention to the reformation of our asylum system. Dr. G. F. Blandford is well known as the able lecturer on Mental Diseases at St. George's Hospital, and otherwise as an accomplished student of mental science. It may be that none of these gentlemen would accept the appointment, if it were offered them. It is our part simply to point out the men whom the profession undoubtedly regards as the most eminent representatives of alienist medicine in England.

## PROMOTED FOR GOOD SERVICE.

THE fact that the First Lord of the Admiralty stepped out of the usual official routine last week to promote, in the most gratifying manner, a meritorious assistant-surgeon of the navy, deserves a word of notice and commendation at our hands. Mr. Godfrey Goodman, the officer in question, appears to have acted up to his name by doing good service for upwards of seven years in the Naval Hospital at Jamaica, having been unflinchingly assiduous in his humane work during two severe epidemics of yellow fever, to which, unfortunately, two deputy inspectors, besides other medical officers, fell victims. In consequence of these fatalities, extra labour was thrown upon Mr. Goodman, who was at one time in charge of the establishment; and universal testimony was borne by those in authority to the zeal and energy with which he discharged his duties. At the official inspection of Haslar Hospital by the Lords of the Admiralty on the 6th inst., the Director-General of the Medical Department, who accompanied them, directed Mr. Childers's special attention to Mr. Goodman's case, and requested an official recognition of his services; whereupon Mr. Childers desired Dr. Armstrong to call that gentleman forward, and then, in the presence of all the officials of the establishment, informed him of his promotion in gratifying terms.

The Admiralty may rest assured that acts like this, by which merit is recognised and zeal rewarded, will do more to improve the *morale* of the naval medical service than any slight increase of pay or alteration of uniform. Promotion for service in the field always rouses the enthusiasm of the soldier; and there can be no question that he who faces death and disease without blenching is as worthy of reward as one "who seeks a bubble reputation at the cannon's mouth." We congratulate both Mr. Goodman and the service to which he belongs on the public and official notice he has obtained.

## FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

Two distinguished members of the profession, Dr. James Henderson, Inspector-General, and Mr. Syme, late Professor of Clinical Surgery in the University of Edinburgh, have been made Honorary Fellows of the Faculty of Physicians and Surgeons of Glasgow. Of Mr. Syme's transcendent claims to any dignity of the kind, it is superfluous to speak—rarely as the Faculty of Glasgow confer the honour. Dr. Henderson (it may interest our readers to know) is a native of Glasgow; was educated at the High School and University of that city; entered the profession as a Licentiate of the Faculty in 1809, and became an army surgeon in the same year. He served in the West Indies in 1810, and successively thereafter in Lower Canada, in the Burmese War from its beginning to its close, in Affghanistan, and in the Punjaub, in the course of which career he rose gradually from the rank of hospital assistant to that of Inspector-General. At the same meeting at which these two gentlemen were elected to the honorary fellowship, Dr. Alex. Robertson, medical superintendent of the Town's Hospital, and Dr. Hugh Miller, South Vincent-street, were admitted ordinary Fellows.

## THE HIGHGATE INFIRMARY.

ACTIVE preparations are being made for the occupation of the Highgate Infirmary. For some weeks past large fires have been kept up in the wards, and it has been found easy to maintain a good temperature in the coldest weather. Such is the freedom of the ventilating apparatus, that it was found practicable to reduce the general temperature of the wards twenty degrees in the course of half an hour. The wards are well proportioned, and each window is provided with a ventilator opening upwards at the top. At one end of the ward, space is partitioned off for a day room. The closets are all that can be desired, as also is the supply of hot and cold water. The lavatories are good, but the discharge-pipes from the basins are small and inaccessible. They will be frequently stopped up; indeed, this has already happened. There are four open fireplaces in each ward; the grates are provided with an air chamber at the back, delivering a large quantity of warm air. It struck us that the grates were very capacious, and we understand the consumption of coal has been already large. The staircases are warmed with coils of water-pipes, and the nurses' rooms are sufficient and conveniently placed. The matron is already in the building, and the medical

officers and nurses will shortly be installed. We observed one serious defect. On two sides of the ground there is a narrow enclosed footpath, with boarding ten feet high on each side. This path is at present unlighted, and it runs within a few yards of the windows in one block. It appears to us that it will be quite impossible to prevent communication going on between the patients and their friends outside—a state of things which will greatly interfere with proper discipline, and give rise to abuse.

Knowing the urgent pressure which now exists for the removal of relapsing fever cases, one could not help feeling sorry that this large and commodious building could not at once be used for their reception. No one would desire to continue for a moment longer than necessary the overcrowding of St. Pancras sick wards, but it should not be forgotten that there are other means of accommodating the aged and infirm, for whom houses in any locality would do. But in case of fever, the urgent and peculiar requirements are far greater; and as we fear the accommodation contemplated at Hampstead is not likely to prove sufficient, we think the proposal we have made ought to be entertained.

## DR. LIVINGSTONE.

THE Rev. W. Forbes Capel, the honorary secretary of the Central African Mission, extracts from a letter of Bishop Tozer's, dated "Mission House, Zanzibar, Oct. 25th, 1869," the following: "I spoke a few days since with an Arab trader, who informed me that he had seen Dr. Livingstone four months before at Ujiji." The 13th of May, it will be remembered, was the last date at which "satisfactory" news of the great missionary explorer had been heard. Bishop Tozer's information therefore brings us to July, at which time the Doctor had not fallen a victim to the cannibals of whom his last letter makes mention. It is gratifying to find that Dr. Livingstone not only survives all the sinister forebodings shadowed forth from time to time as to his safety, but is invariably reported as having overtaken another point in his programme of enterprise. Sir Roderick Murchison, who to many minds seemed to be hoping against hope in refusing to give up his illustrious friend for lost, may address the Geographical Society in the words with which Athênê encouraged Telemachus to go forth in quest of his father:—

οὐ γάρ πω τέθνηκεν ἐπὶ χθονὶ δῖος Ὀδυσσεύς,
ἀλλ' ἔτι που ζωὸς κατερύκεται εὐρέι χώρῳ;

adding, however, that the rest of the quotation is happily irrelevant:—

χαλεποὶ δέ μιν ἀνδρες ἔχουσιν,
ἄγριοι, οἳ που κεῖνον ἐρυκανόωσ' ἀέκοντα.

We doubt not that our scientific Odysseus of Central Africa will have even more "dazzling miracles" (*speciosa miracula*) to relate than his Greek prototype, when he returns to the hospitable hall of the Royal Geographical Society, under its presiding Alkinoos, Sir Roderick Murchison.

## THE LORD RECTORSHIP OF ABERDEEN UNIVERSITY.

SIR WILLIAM STIRLING MAXWELL has received in his favour the casting vote of the Duke of Richmond, Chancellor of the University of Aberdeen. Political considerations apart, no friend of that seat of learning can fail to congratulate himself on its having as Lord Rector a man of Sir William's high distinction in the spheres of literature and art. His influence will have a salutary effect on the cives of a University which has generally encouraged the severer departments of study at the expense of the more elegant and refined.

## FESTIVALS FOR SICK CHILDREN.

WE rejoice to chronicle the efforts that have been made at many hospitals to give sick children a share in the pleasures of Christmas and of the New Year. At the Children's Hospital in Great Ormond-street, and in most general hospitals where there are children's wards, a special call for suitable toys and gifts has been made upon the supporters of the institution, and an evening has been set apart for the distribution of such gifts, as well as for other forms of amusement and gratification. At Great Ormond-street, the inmates were indulged with a juvenile party, to which the convalescents from Cromwell-house were conveyed in a special omnibus, and to which some fifty of the "past" in-patients were also invited. Mr. Cremer, of Regent-street, delighted the children by a Marionette performance, and gave liberally of his toys; while other contributions were sufficient to allow also of a present of a picture-book and some article of warm clothing to every child present. We cannot record all the instances of similar thoughtful kindness that have reached us; and can only say that they have been numerous. Most of our readers will know by experience the delight that the Christmas party and the Christmas presents afford to the home circle of juveniles; and will easily realise what they would do when coming to break the monotony of pain and weariness. It is often almost startling to reflect how much pleasure may be given to others, especially to children and to the aged, at small cost either of money or of time. The opportunities of giving such pleasure are surely talents to be improved; and we trust that the treats we have recorded may become permanent institutions at all hospitals in which they are practicable.

## THE POLLUTION OF THE THAMES.

THE Board of Conservators of the River Thames have given notice of their intention to apply to Parliament in the forthcoming session for power to (amongst other things) prohibit the discharge of solid matter into the river Thames from the sewers and drains of the Metropolitan Board of Works at Barking and at Crossness, and from any other drains or sewers belonging to them or any other body of persons; and to compel the Metropolitan Board of Works to deodorise, or otherwise render innocuous, the effluent waters or other liquid matters allowed to flow into the river.

## HOSPITAL ADMINISTRATION.

THE interesting account of the administration of the Imperial Hospital at Vienna, published in our present number (page 79), forcibly suggests the urgency of an inquiry into the general question of hospital administration in this country. It would appear that although a large number of trifling cases are admitted, the average residence of the patients at Vienna does not greatly differ from that at Guy's and St. Bartholomew's. The conditions of admission are, however, entirely different from those in vogue here; and although he should scarcely be prepared to adopt the system of universal payment, we certainly think the question worthy of very careful inquiry. It would be impossible to adopt it at some hospitals and not at others, and perhaps some scale of charges would require to be made recoverable by law.

It appears to us that the plan of payment would tend to sift the admissions, and would afford some guarantee that the cases are really deserving, and proper for admission; and that, in cases of out-patients particularly, it would cure a multitude of abuses. One, and probably the greatest, advantage would be, that the payment for patients would

certainly entitle the medical officers to remuneration for their work. At Vienna there is no unpaid officer of any kind. The salaries are not large, but the posts, being honourable, are filled by able men. The position of the medical staff contrasts favourably with that of any English hospital staff, and their number is comparatively large, seeing that there are few out-patients. The subject is at this moment of paramount importance, and we invite discussion on the point.

## COLLEGE OF PHYSICIANS, IRELAND: APPEAL CASE.

A MOST important case as to legal and corporate rights has lately occurred in connexion with the College of Physicians, Dublin. It seems that Dr. M'Swiney, Professor of Forensic Medicine in the Catholic University, and physician to Jervis-street Hospital, some time since was proposed a second time for the fellowship of the College. A ballot took place, when it was found that 18 were for, and 9 against, his obtaining the honour he coveted; and as by a bye-law of 1862, four-fifths of the voters must vote for the party proposed, he was declared disqualified. On this result becoming known, Dr. M'Swiney entered a protest; but, after several meetings of the fellows, he was still declared not elected. This being the case, he, by means of counsel, has petitioned the Visitors of the College—viz., the Lord Chancellor, the Chief Justice of the Queen's Bench, the Chief Justice of the Common Pleas, and the Lord Chief Baron—to investigate the matter; and on the 7th inst. and following day a Court was held in the College hall. The proceedings, however, have been adjourned until the 21st inst., when the result will be known.

Dr. M'Swiney urges that, as before 1862 fellows were appointed by a majority of votes, and as he had a majority, he should be declared duly elected; also, that the bye-law made by the College in 1862, requiring him to have four-fifths of the votes, is illegal, and therefore not to be acted upon.

It may be mentioned that three other cases are involved in the decision of the judges; and although none of the petitioners are of the highest standing in their profession, yet, if they have been illegally deprived of their right, justice demands that their claim should be conceded.

## ZOOLOGICAL SOCIETY FOR LIVERPOOL.

WE are glad to see that there is every prospect of a Zoological Society being formed in Liverpool. Mr. S. R. Graves, M.P., who, on Friday last, presided at the Law Association Rooms over a preliminary meeting, pointed out that there was not a town in the kingdom that enjoyed such opportunities as Liverpool for making a good zoological collection. Already several shipowners have signified their desire to bring home any portion of the collection free of charge. Mr. Graves did not overlook the scientific bearing of such a society, remarking that it would no doubt prove an important auxiliary to the Liverpool School of Medicine, as affording additional facilities to the students, and others interested, in the pursuit of comparative anatomy. Mr. W. Rathbone, M.P., and Mr. Reginald Harrison, also advocated the formation of such a society, and it was ultimately agreed that a provisional committee should place themselves in communication with the Mayor and Corporation for the attainment of the object of the meeting.

Societies such as these, calculated to supply healthy recreation with attractive instruction to the masses of our population, meet with the cordial approval of the medical profession.

## ACTION OF NITRATE OF SILVER ON NERVOUS TISSUE.

M. GRANDRY has communicated to the *Centralblatt* the results of his observations on the action of nitrate of silver on nervous tissue. He used the tissue obtained from the frog and rabbit for his experiments, and placed portions both from the centres and the nerves in a one-fourth per cent. solution, macerating them for five days in the dark, and then exposing them for three days to bright light. If the surface of the cord thus treated be carefully teazed out with needles, the axis-cylinders are found to exhibit a very regular and sharply defined transverse striation—clear, unstained strie alternating with deeply tinted ones. The breadth of the dark strie varies from one to five thousandths of a millimetre; that of the clear, from one to three thousandths. In addition to the transverse striation, the axis-cylinder also exhibits well-marked longitudinal striation, so that it presents a singularly close, though probably only superficial, analogy to a muscular fibre. Examination by polarised light, however, does not furnish any evidence of the existence of a doubly refractile substance. M. Grandry observed a similar transverse striation in the bodies of, and in the processes given off from, ganglion cells, especially in those of the anterior horn of the cervical portion of the spinal cord.

## THE HOMICIDE IN PARIS.

THE recent homicide is exciting a great sensation in France. It appears that a journeyman mason and a *concierge* named Voogts first perceived M. Victor Noir after he had left the house of Prince Pierre Bonaparte. The unfortunate gentleman had fallen on his knees on the pavement, and was endeavouring to support himself on his hands; he tried to speak, but showed by signs that he was suffocating. Voogts, not seeing any traces of blood, opened the coat and waistcoat of M. Victor Noir, and found in the region of the heart a wound from which the blood was flowing, and inundating the shirt and trousers of the prostrate man. M. Victor Noir was carried to the shop of M. Mortreux, a few doors from the residence of Prince Pierre Bonaparte. Dr. Samazeuil resides in the same house as the pharmacy, and on being sent for immediately descended, but the wounded man was already dead, having expired before reaching the shop. The Commissary of Police was at once informed of the occurrence. The body was carried on an hospital litter to the residence of M. Louis Noir, brother of the deceased, and who lives at 21, Passage Massena, Neuilly. M. Victor Noir was a young man of tall stature, and very stout. He had not yet completed his twenty-first year; and, although beardless, he appeared much older than he really was. He was to have been married the next day.

An examination of the wound subsequently made by Dr. Pinel showed that the ball which caused the death of M. Victor Noir penetrated the breast about an inch below the left nipple, and buried itself in the lung, after injuring the left ventricle of the heart.

## MEDICAL CORONERS AND MEDICAL EVIDENCE.

THE sudden death at the Royal Hotel, West Hartlepool, was a fit subject for medical investigation. And it is very unsatisfactory that when a member of the jury wished for medical evidence, the medical coroner should have raised the vulgar objection of expense. The coroner said the man might have died from apoplexy or heart disease. Of course he might—or from a hundred other things. But even if a post-mortem had revealed apoplexy, it would have been a justification of the verdict, and a good lesson to the people who too often confound apoplexy with drunkenness.

## CLERKENWELL WORKHOUSE.

A REPORT was made to the Holborn Board of Guardians on Wednesday last by the Visiting Committee of the Clerkenwell Workhouse, drawing attention to the overcrowded state of all the wards. The number of inmates is at the present time over 500; and there is allowed accommodation, on the limited cubic-space estimate of former days, for only 389. In the infant ward the children are said to be sleeping four in a bed. The medical officer reported that relapsing fever had been present in the wards for six weeks; and it is scarcely to be wondered at that the children are suffering from diarrhœa.

Great improvements have been effected in this workhouse: the use of the cellars for sleeping rooms has been discontinued, and every part of the house is being thoroughly cleansed. But the resolution of the guardians, that it should only be used for the accommodation of the able-bodied poor, is not observed, and the overcrowding reported by the Committee is likely to give rise to a fresh series of coroner's inquests if not soon diminished.

The Visiting Committee also report that, notwithstanding orders to the contrary, lying-in women continue to be admitted to this workhouse, the practice being that they present themselves at the door and claim admission on account of urgent necessity and destitution just as they are about to be confined. Surely this is an irregularity and an abuse of workhouse accommodation which should receive the attention of the Poor-law Board, especially as the subject of admitting all forms of sickness is now under their consideration.

## FORCE OF IMITATION.

IT is said that the murders lately committed by Troppmann, in France, and the sensational narratives and excitement connected with the atrocious affair, have already given rise to nearly a dozen cases of insanity and attempted murder in Paris. That this is not an unusual state of things, arising as it does from a morbid condition of mind in the parties attacked, is well known; as murderers or suicides of an especially revolting or unusual class have at all times their imitators among individuals whose intellects are generally sufficient for the ordinary affairs of life, but when any additional strain takes place their ill-regulated mental faculties give way, and they commit crimes for which a short time before they had the greatest horror.

## HOSPITAL FOR INCURABLES, DUBLIN.

THE vacancy for a surgeon to this institution, caused by the death of the late Dr. Geoghegan, was filled up on Saturday last. The emolument amounts to £15 per annum, which accounts for the small number of competitors—only three,—all being hospital surgeons. Mr. Wharton, of the Meath Hospital, was appointed by a large majority. A peculiar feature in the case was the voting by ladies, who, to the number of ten, recorded their votes for their respective candidates.

## VACCINATION IN TASMANIA.

A VERY sensible petition has been presented to the Legislative Council of Tasmania, by Dr. Edward Swarbreck Hall, praying for an amended Compulsory Vaccination Act for the colony, like our own, or rather like those of Ireland and Scotland, which are held up as models of efficiency. Happily small-pox has never existed in Tasmania, according to Dr. Hall. But if it should unhappily be imported, as it may be any day, it will do great mischief, for there is a large infantile population unvaccinated. There is little vaccination done among children under six months old. Dr. Hall illustrates the failure of the voluntary system in vaccination by the case of New South Wales, where public vaccination has long been provided gratuitously, but not compulsorily enforced (there being no less than twelve vaccinators in Sydney alone). Out of 17,223 registered births in 1868, there remained 11,119 unvaccinated.

A very creditable discussion followed in the Legislative Council on the presentation of Dr. Hall's petition. The opening speech of Mr. Whyte was worthy of our own House of Commons. He shows that there are 27,000 unvaccinated children in Tasmania; that though there is a compulsory law, it is never applied or enforced; and that the present arrangements for public vaccination are unpopular, and altogether inadequate. Though objections to Mr. Whyte's suggestions were made on the score of expense, no anti-vaccination nonsense was imported into the discussion, and Mr. Whyte's resolutions were carried, the most important of which avers that it is the duty of the State to meet the fearful risk of a large unvaccinated population, by making provision for the appointment of regularly educated vaccinators, with suitable remuneration, for districts sufficiently numerous to embrace the whole of the poor population of the country, and who shall offer gratuitous vaccination to all within their bounds at stated periods. The resolutions being agreed to, an address to the Governor, embodying them, was also carried. As to the expense of carrying out a proper vaccination law, such an objection would not survive the introduction of small-pox into the colony a month. And we consider the risk to be imminent. We have only one word of advice to give Mr. Whyte. Don't be too fastidious about "properly educated vaccinators." The principles of good vaccination are now condensed into one or two points, such as the following. Choose a healthy child from which to vaccinate; vaccinate from arm to arm, or at any rate with recent moist lymph; and be sure to make at least four distinct insertions of lymph. Any properly educated medical man is quite competent to carry out these principles, and it is not good policy, especially in a colony, to create a class of experts over a matter so simple. One good inspector will make the whole profession in Tasmania efficient vaccinators.

## "BRITISH" MEDICAL BENEVOLENT FUND.

AT the annual meeting of this Fund, held on Tuesday, Dr. G. C. Jonson presiding, the modification of name as above was unanimously decided upon, some confusion having frequently arisen from the similarity of names of this and another well-known medical charity. The Report, some of the details of which have recently appeared in our columns in a letter from the officials, appealing for assistance, was adopted, and ordered to be printed for distribution.

## RELAPSING FEVER IN POORHOUSES.

AT the St. Saviour's Board of Guardians it was reported that there were thirteen cases of relapsing fever in Newington Workhouse; and we have heard of similar cases being admitted to other workhouses. We can scarcely imagine anything more unwise than the admission of such cases to these densely crowded establishments; but if admitted, there should be some special instructions issued to secure something like isolation from the other inmates. Medical officers are generally very powerless in this matter, and boards of guardians do not always think sufficiently seriously of exposing the inmates to contagion. It appears to us a matter in which the authority and advice of the medical inspector of the Poor-law Board might be judiciously interposed.

## MALARIOUS FEVER AT KURRACHEE.

THE last mail brings us intelligence which fully corroborates the statements we made regarding the very sickly condition of the 21st Regiment at Kurrachee. The amount of fever prevailing among the men is so great as practically to render the regiment ineffective. We understand the corps went to India in February last, and it is alleged—with what amount of truth we do not know, however—that a good many of the men belonging to it were unfit for service in that country from their youth or weakly condition. It is reported that unusually heavy rains had taken place at Kurrachee, and the outbreak of malarious disease has been ascribed to this cause. Happily the mortality has been relatively very small compared with the numbers rendered inefficient by sickness. The regiment will in all probability be removed from the station.

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DR. F. J. FARRE, senior physician of St. Bartholomew's Hospital, has resigned; and we understand that Dr. Martin (who a few years ago was compelled, from ill-health, to relinquish his post) is again a candidate. Dr. Martin is a Doctor of Medicine of the University of Cambridge, and his retirement was regretted by all his colleagues.

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ON Monday evening a paper will be read at the Social Science Association, Adam-street, Adelphi, "On the Construction of Barracks in relation to the Moral and Physical Welfare of the Soldier."

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THE Metropolitan Board of Works has now under discussion the recommendations of the Royal Commission on Water-supply which relate to the transfer of the metropolitan supply from the present water companies to the Board.

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THE Poor-law Board have addressed a letter to the Holborn guardians on the subject of hospital accommodation for the sick. They observe that the accommodation of the Holborn Workhouse was fixed at 710 inmates; but, twenty years having elapsed, the Board now require a much larger cubic space for nearly every class of inmates, and particularly for the sick. The Board state that they consider that not only those who are suffering from acute and active diseases and injuries, but also those affected with chronic diseases requiring regular medical treatment or professional nursing, should be received into the infirmary. The infirmary of a workhouse cannot be considered merely as an hospital to which only such cases as are deemed to be curable are to be sent. The Board have thought it right to make these observations on the nature of workhouse infirmaries, as misconception has prevailed on the subject. In consequence of this communication, it is probable that the whole of the sick poor in the Holborn Union will be accommodated at St. Luke's Workhouse, City-road. The guardians have resolved to erect new wards similar to those at Marylebone, calculated to hold 450 beds; and they have taken for temporary purposes the large building in Bath-street, which was formerly the French Hospital.

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A WELL-CONDUCTED provincial contemporary, the *Illustrated Midland News*, presents its readers with an interesting woodcut of Christmas as spent in the children's ward of the Queen's Hospital at Birmingham. The original drawing is from the pencil of Dr. Sawyer, one of the hospital staff, and does credit to his proficiency as an artist. From the explanatory letterpress, we are glad to hear that this is not the first time that Christmas-day has been so pleasantly observed in the Queen's Hospital. "Esto perpetua!" is our hearty wish for the annual celebration.

SCARLET FEVER continues epidemic in London; but the deaths registered last week from that cause (134) were the fewest in number which have been recorded in any week (excepting the Christmas week) since the middle of last August.

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MR. D. H. DYTE, medical officer to the Jewish Board of Guardians, has been appointed to the temporary medical charge of the new St. Pancras Infirmary at Highgate.

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## THE NURSING AT ST. BARTHOLOMEW'S HOSPITAL.

THE following statement has been made and attested by Emma Lingley, who has been a nurse at St. Bartholomew's for a period of ten months. She says:—

"Mr. White, Mr. Coote, and some ladies came into President ward on Sunday, 21st November, about one o'clock, immediately after church. They looked into the nurses' bedrooms, Mr. White and Mr. Coote going in first, and the ladies afterwards. Mr. White walked round the ward, looking at the patients. I was then a patient, having been off duty about seven weeks, during the first three of which I was in bed, in consequence of having poisoned my finger while attending to a case of tracheotomy. My arm had been very much swollen, quite up to the collar-bone and blade-bone, and there was a small abscess in the armpit. When Mr. White came to me the sister told him that I was a nurse. He stopped and spoke to me, and said he was going to ask me a fair question, and wished me to give him a plain answer. I said I would do so as far as I could; but was nervous, and trembled from weakness, and from being taken by surprise. He asked if I had anything to complain of. I said I thought the loads were too heavy for a nurse to carry, and that some of them almost broke my arms; and that the nurses were out of breath after carrying them. He asked what loads? I said the clean linen and the dirty linen. He asked if the medicines were too heavy? I said they were when there was a full ward. He asked whether I complained of the bed-rooms. I said I thought they were too small and unhealthy. Nothing was said about the meat or the hours of labour. If I had not been taken by surprise I would have told him of other matters. After he had left me, Mr. Coote came and asked about my arm. I had before this complained among the other nurses, and had heard many of them complain among themselves. All had grumbled at the night duty. I have heard that a paper had been sent round to the nurses, in order that those who wished to complain might do so; and that all who complained were to be discharged at a week's notice. I did not see this paper.

"On the following morning, the day when the Prince of Wales came, the matron came into the ward about eleven o'clock, and sent for me into the sister's room. The sister told her in my presence what I had said to Mr. White. The matron said that I had behaved very shabbily, after being laid up so long and receiving my half wages when not on duty, and that I ought to have complained to her or the sister before speaking to the Treasurer. She also said that a young woman like me (my age is twenty-two) ought to be ashamed of complaining of heavy loads, and asked if I did not like the work why did I stay? (I had been a nurse about ten months.) She told me that I was discharged from being a nurse from that day week. On that day week I left the hospital of my own accord. I am not yet well enough to take a situation. My arm is weak, and there are still lumps in the armpit, but I am able to help my mother at her work. I was paid my half wages, 4*s.* per week, up to the time of my leaving, but have not received any other allowance from the hospital.—E. LINGLEY."

It is difficult to express a calm opinion upon the foregoing statement. The facts, although *ex parte*, speak for themselves. A young woman has been nurse in a surgical ward for ten months. She has risked her life in the service of the hospital; the remains of the injury are still apparent. No word has been breathed against her competence as a nurse, or her character as a woman. In the moment of

convalescence the Treasurer puts what he calls a "fair question," and for giving a truthful answer she is taunted by the matron for behaving "shabbily," and dismissed at the end of the week in a state of health which forbids her taking another situation. We think it due to the House Committee that they should inquire as to the parties who are responsible for this unjust and arbitrary exercise of power. By whom are the nurses engaged, and by whom dismissed? We challenge the Treasurer and the House Committee to offer an explanation of this case.

## PROXY VOTING-PAPERS AT HOSPITAL ELECTIONS.

THE recent election to the office of assistant-surgeon at the Norfolk and Norwich Hospital has brought out prominently the inconveniences of existing laws respecting the use of proxy papers at elections. This same question caused some difficulty at a similar election at the Westminster Hospital last July; and as all future elections to hospitals or dispensaries will be similarly affected, it may be well to say plainly what the state of the law is.

The question was raised at Norwich by the friends of the candidate who was last on the poll if all the votes had been valid, but who would have been first by a long way if the legal point had been insisted on. Fortunately, upon an appeal being made by the chairman, and the feeling of the meeting being evidently against him, the candidate who had raised the legal question withdrew his name, leaving the successful candidate to be elected by only *three* votes, those being the only proxy-papers, out of 511 brought forward by him, which were properly signed and stamped. The gentleman who raised the question had fortified himself with the legal opinion of Sir Robt. Collier (the Attorney-General) and Mr. Philbrick; and as the question is one of importance, we will quote this for the benefit of others:—

*Opinion.*—"1st. We are of opinion that voting papers bearing an adhesive stamp cannot be used, unless such stamp is cancelled in the manner required by 24 and 25 Vict., c. 91, sec. 27—i.e., by the name or initials of the voter and the date of the meeting being written on the stamp. We think the power to use an adhesive stamp given by that Act is one given upon condition the above terms are complied with, and that the provisions of 7 and 8 Vict., c. 21, sec. 7, are still in force. That section, in the plainest terms, declares all votes made or given or acts done, except upon proxies duly stamped, are 'absolutely null and void to all intents and purposes,' and we are of opinion, unless the adhesive stamps be cancelled in the prescribed manner, all voting papers bearing them are void.

"2nd. Voting papers bearing an impressed stamp, and specifying the date of meeting at which they are to be used, will be free from any such objection.

"3rd. We think, in the case put [of a candidate having a majority of properly stamped votes, although a minority of actual votes], the third candidate would be duly elected in point of law.

"4th. In reply to a further query, whether voting papers signed before a vacancy had arisen would be void, we think they would be valid if the date of the meeting was specified in the paper by the person signing, at any time before the meeting at which the voting paper was to be used."

It is to be borne in mind also, that the signer of an improperly stamped proxy is liable to a penalty of five pounds, and thus, in the opinion of Mr. Beresford, taken by the authorities of the Westminster Hospital, there occurs the suggestion that "it would be advisable to put it to the candidates whether they would not prefer withdrawing the illegal proxies, to subjecting either themselves or their respective patrons to the very serious penalties imposed upon the user of proxies stamped adhesively without due obliteration."

In consequence of the legal difficulty raised at the Westminster Hospital, the committee passed a resolution embodying the law, and giving a form of proxy-paper, which we commend to the notice of the governors of other hospitals—viz.:

"That a note be printed at the foot of the page containing the Bye-law No. 14, section 2, to the following effect:—'The proxy must have a 1d. stamp, either an impressed or adhesive one; and, if an adhesive one, such stamp must be cancelled by the party signing the proxy writing his name or initials across the stamp, and also the day of the meeting on which the election is to take place. The form of proxy may be obtained of the secretary of the hospital.'

PROXY PAPER.

I hereby appoint ,
or, in his absence, ,
whom failing, ,
to vote as my proxy at the election for
to the Westminster Hospital, to be held on the
day of , 18 , in favour of Mr.
Dated this day of , 18 .
Signature .
Date of election .

"N.B.—It is essential to the validity of a proxy bearing an adhesive stamp, that the name or initials of the person giving the proxy, and the date on which the election is to take place, be written on or across the stamp."

# Correspondence.

"Audi alteram partem."

## MEDICAL REFORM.

*To the Editor of* THE LANCET.

SIR,—The fact that in Great Britain and Ireland there are nineteen bodies, with from twelve to twenty examiners in each, authorised to license for medical practice, is of itself sufficient to show that there is something amiss in the present system of medical education. With so many judges, it is impossible that there can be equality in the professional qualifications of candidates. The presence of assessors or visitors may more or less ascertain the mode in which the examinations are conducted, but cannot affect their result; while the operation of conflicting interests must afford great scope for the exertion of influences adverse to the welfare of society. For this state of matters there appears to be only one effectual remedy, which is the establishment of a General Examining Board, vested with full powers to prevent admission into the Medical Register of all who do not possess the knowledge and skill requisite for the practice of their profession. The construction of such a board on the principle of universal approval may be difficult; but, if directed by a single view to public advantage, it could be accomplished with great facility. The Board, appointed and paid by Government, might have its head-quarters in London, with branches for Ireland and Scotland, located respectively in Dublin and Edinburgh. Its duty would be to examine all candidates desirous of entering the medical profession who produced certificates of having attained a certain age, of having afforded evidence as to their preliminary education, of having resided for a prescribed period at a recognised medical school, and of having attended certain courses of instruction. The gentlemen found competent to pass this trial would then receive full permission to practise their profession, in all parts of her Majesty's dominions, under the title of Medical Licentiates.

It may next be considered what effect this arrangement would have upon medical corporations, upon the universities, and upon the public.

The corporations or colleges receiving annually large sums for their licences or diplomas would, of course, regard the proposed measure as an intolerable interference with their privileges, and meriting every possible opposition; but, upon reflection, might perhaps discover some reason for mollifying their hostility. In the first place, it

should be recollected that doubts have been entertained, and are no longer concealed, as to the expediency of confiding to the corporations the power of licensing for general practice. The members of these bodies are, for the most part, engaged in general practice, of which the duties must be much opposed to the study of those sciences and arts which constitute the foundation of medical skill, and therefore must be the subjects of examination. The three corporations of Scotland, who at present give licences for the practice of physic and surgery, and co-operate for the double qualification, employ between forty and fifty of their fellows as examiners, who, however respectable, can hardly be expected to keep pace with the progress of science, except by reading, as occasion may require; and this is well known to be a bad preparation for the purpose. The colleges, therefore, should be inclined to hail with satisfaction the prospect of relief from a duty for which the pecuniary advantage is its only recommendation. But the loss that might thus be sustained would, I believe, be replaced much more largely and honourably in another way. It has always seemed to me that the most legitimate source of income for a college was from the admission of fellows. Now, the so-called licentiates of the new system would naturally desire a higher title, and hence be led to associate themselves with bodies of physicians or surgeons, especially if by doing so they acquired a right to be so designated. When the Medical Act came into operation, there was a determined effort on the part of the corporations to obtain such a classification as would produce the effect just suggested; and this was successfully opposed by the universities, but, under the new state of things, might be conceded without any impropriety. The colleges thus, so far from suffering pecuniary loss, would in all probability greatly benefit by the change proposed.

As to the universities, it has been long and vehemently maintained that licensing for general practice is quite unworthy of their position in the scientific world; and there can be no doubt that, if relieved from it, they could confer degrees of a much higher academic character. They might also throw overboard their unmeaning Mastership of Surgery. With regard to teaching, the professors would occupy the most favourable position for success; while the students, no longer trammeled by the slavish desire to propitiate their examiners, would be left free to choose the sources from which there was the best prospect of obtaining information, and no longer be coerced into the sacrifice of time and money for carrying their bodies to lectures from which their minds were absent.

The public, lastly, would benefit through the security afforded by their protection from the incompetency which appears at present to insinuate itself into the ranks of the profession. All the objects that can be reasonably desired would thus admit of being accomplished without injury to any of the parties at present engaged in medical education; while there would no longer be left any room for the jealousies and dissensions which have been such a fruitful theme of ridicule and sarcasm.

The titles of medical men would thus be—

Doctor, from a University degree;
Physician, from the Fellowship of a College;
Surgeon, from the Fellowship of a College;
Medical Licentiate, from a certificate of the General Examining Board.

I am, Sir, yours &c.,

Edinburgh, 10th Jan., 1870. JAMES SYME.

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*To the Editor of* THE LANCET.

SIR,—The attention of the Council of this College has been directed to a letter from Mr. Syme, which appeared in the last number of THE LANCET. I am instructed by the Council to say that Mr. Syme's statements in reference to this College are altogether erroneous.

I am, Sir, your most obedient servant,

D. R. HALDANE, Hon. Sec.

Physicians' Hall, Edinburgh, 11th January, 1870.

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## FURROWS ON THE NAILS AFTER ILLNESS.

*To the Editor of* THE LANCET.

SIR,—I have read with great interest the papers in your journal, by Dr. Wilks, concerning furrows on the nails after illness; inasmuch as about ten years ago, while I was a student, my attention was directed to the subject by a relative who had lately had an attack of scarlatina. In this case there well-marked furrows on all the finger-nails, at equal distances from the matrix.

I have since then looked for these marks on the nails after attacks of scarlatina, and in no instance have I failed to find them in a greater or less degree. I cannot but think that their presence or absence may occasionally assist in diagnosis, as in the following case.

A child of three years old was brought to the hospital suffering from general anasarca, which had come on three or four days previously. The mother strongly denied that the child had had scarlatina or measles, although the former was prevalent in the neighbourhood. She admitted that about a month before the child had been hot and feverish for a few days. There was no sign of desquamation, but there were distinct furrows on all the finger nails; and from this fact, taken in conjunction with the previous attack of fever, and that scarlatina was about at the time, I concluded that it had been a case of simple scarlatina, in which the eruption was so slight as to be overlooked, and followed by the dropsy. I have noticed these furrows after attacks of other diseases, as typhoid fever, but never so well marked as after scarlatina.

I remain, Sir, faithfully yours,

Windsor, Jan. 13th, 1870. THOS. FAIRBANK, M.D.

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## TREATMENT OF UTERINE HÆMORRHAGE AFTER LABOUR.

*To the Editor of* THE LANCET.

SIR,—Mr. Broke Gallwey's letter in your last number on the above subject raises a very important question in practice. He cites a striking case in which flooding was arrested by the forcible injection of cold water into the cavity of the uterus, and recommends this practice as a "ready method," safe and effective.

I do not doubt that this is one of the most effective means of applying cold, but I submit that it should be used with caution. In the first place, there is reason to fear that the *forcible* injection of fluid into the uterus, under any circumstances, is not free from danger. Secondly, cold can only control hæmorrhage by exciting contraction of the uterus. This, of course, postulates the existence of sufficient nerve-power to respond to the excitation. If this be present, the shock will induce contraction, *and the bleeding will stop so long as that contraction continues.* But the very condition of the case—hæmorrhage from inertia—implies that the nerve-force is at a very low ebb. Hence it may be expected that the uterus will relax again, and that the hæmorrhage will return. This is precisely what happened in Mr. Gallwey's case. He had to repeat his injection "again and again." That success rewarded his perseverance in this instance must not be hastily taken as proof of the general value of his treatment. It is a familiar fact that women make surprising recoveries from the most desperate state of exhaustion after various modes of treatment. But I submit that the great object should be to prevent women from drifting into this extreme exhaustion by saving their blood in the early stages. When a woman is once advanced on the road to collapse, not only is there no certainty in the action of ordinary hæmostatics, but there is the double anxiety lest she may not rally from the collapse, or, if she escapes this first peril, lest she may sink further on from some one of the many consequences of anæmia. We must, therefore, take effective measures *before collapse creeps on.* We must use means that are efficient whilst there is time.

Another objection to the *persistent use* of cold is this: If it fail to cause contraction of the uterus, and therefore fail to stop the bleeding, it does not therefore fail to cause shock. It therefore does positive harm, by hastening the descent into collapse.

Hence it is that I have been led to submit as a rule in practice, if cold in any of its various modes of application, do not succeed at once in arresting hæmorrhage, to pass promptly to the surer agency of perchloride of iron. Even this may be used too late, although it will arrest hæmorrhage even after contractility is lost.

Mr. Gallwey asks what is the strength of the solution which I recommend. The solution of the perchloride of iron of the British Pharmacopœia may be used; but, as more convenient to carry, we may dilute 4 ounces of the strong solution of perchloride of iron with 12 ounces of water, which comes to the same thing. Even a weaker solution is effective. It should be injected *very gently*, so that the fluid shall trickle down over the inner surface of the uterus. It coagulates the blood in the mouths of the vessels, and corrugates the inner surface of the uterus. I have discussed with care the whole subject of hæmorrhage in labour in my book on "Obstetric Operations," just published. May I refer to this source for further particulars?

I am, Sir, your obedient servant,

ROBERT BARNES.

Grosvenor-street, Grosvenor-square. Jan. 13th, 1870.

## LUNATIC ASYLUM FOR THE MIDDLE CLASSES.

*To the Editor of* THE LANCET.

SIR,—THE LANCET in 1867 pointed out to the public the want of asylum accommodation for the lower middle classes of the insane. On that suggestion, we have provided such accommodation in connexion with our high class asylum, at a cost of £5000, which is now open for the reception of patients, at rates of board as low as 15*s.* per week. You are welcome to make this known to the public. It is our intention to continue to extend the premises, so as to be able to receive all comers. Our privileged exercising grounds extend to six square miles.

I am, Sir, your obedient servant,

Sutton Ham, 7th Jan., 1870. WILLIAM HYSLOP.

*** One of the most urgent wants of the present time is asylum accommodation for the poorer members of the middle class—those who are poor, but not poor enough to be paupers. It is very needful that the prices do not exceed much the charge at the county asylums, if such an establishment is to carry out its professed aim.—ED. L.

# Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

*Interesting statistical details in connexion with the Poor-law institutions and nosocomial establishments of France.—The new French Minister of Public Instruction.—The free universities of Spain.—Vaccine and Epidemiological Committees of the Paris Academy of Medicine.—Les soirées scientifiques of La Sorbonne.—Hydrate of chloral in Spain.*

IN the portion of the French Blue-book reserved for the Home Department is a most important chapter, full of interesting statistical details, on the present condition of the poor-law institutions and nosocomial establishments of France. Among the most important measures recently taken in connexion with these institutions, is the enlargement and completion of the two huge convalescent asylums, the one for females, at the Vesinet, and the other, for male patients, at Vincennes. These institutions are really most beautifully laid out and arranged. They are situate at a short distance from Paris, in a most healthy part of the country, are admirably furnished, and combine every means of medical care and recreation which may conduce to the well-being and speedy recovery of the convalescents. In 1869, as many as 12,000 male patients, coming from the various Paris hospitals, were admitted into the Asylum of Vincennes, and as many as 7000 females into that of Vesinet. During the last year there has been great progress in the number and working of the various charitable societies, whether connected with the Assistance Publique or not. Thus, the institution of the maternal societies provided for 18,000 families, whilst that of the *crèches*, or infant asylums, admitted upwards of 2352 children. At the same time, the service of gratuitous medical attendance, which now exists in only fifty-one of the French departments, is said to have furnished one million visits or consultations. The most marked advancement in this direction, however, regards the number of Friendly Societies, which during the last nine months have increased from 6088 to 6199, and now number upwards of 800,000 members. The report on the various nosocomial establishments is of peculiar interest, inasmuch as it sums up the results of an investigation recently conducted by the Council of Inspectors-General of the Hospitals and Asylums, and contains all the accounts and budgets of 1400 nosocomial institutions. It therefore constitutes a most valuable document, from which may be gathered, not only the most instructive and precise details on the financial condition of the French hospitals and hospices, but also much valuable information on their origin, their government, and their economical administration, as well as on the improvements which have been realised since 1852. Thus it is stated that out of 1557 institutions of the kind existing in France at the date of January 1st, 1869, 1224 had been founded before 1790; 161 from 1790 to 1852; and 172 during the Second Empire. This last figure, therefore, represents more than half of the total number founded since the time of the French Revolution. Voluntary contribution has followed the same progression. From 1815 to 1852—namely, in the space of thirty-seven years—the amount of voluntary contributions formed a sum of 82 millions of francs, affording a proportion of 2,216,000 francs a year. Since 1852, the annual proportion of gifts and bequests has reached the large sum of five millions of francs. It is also shown that the administration of the Assistance Publique is in a flourishing financial condition, since its revenues exceed its expenses by four millions of francs. The report also states, unfortunately, a considerable increase in the number of lunatics inhabiting the various asylums of France. Thus the whole number of lunatics shows an increase of 477 from 1868 to 1869. The total is 24,529, and indicates a proportion of one lunatic for 1500 inhabitants.

A report is current in Paris that M. Legris, the new Minister of Public Instruction, intends to introduce, or at least to propose, the liberty of teaching throughout the country. This would apply to medicine as well as to other branches of knowledge.

The Spanish are availing themselves extensively of the system of free teaching inaugurated by the new Government. At the present moment there are as many as fifteen free universities at full work in Spain. Not only such large cities as Barcelona, Madrid, Seville, Salamanca, &c., have their free universities, but many other localities of less importance, such as Caceres, Onate, Vitoria, Avila, Burgos, &c. There is even a free university at Teneriffe, in the Canaries. A free School of Pharmacy is also about to be opened at Cadiz.

It may be of interest to your readers to mention that the following committees have just been appointed at the Paris Academy of Medicine:—Vaccine Committee: MM. Blache and Jacquemier. Epidemiological Committee: MM. Fauvel and Sée. Mineral Waters Committee: MM. Kergaradec and Poggiale.

During his recent administration, M. Duruy, the ex-Minister of Public Instruction, showed considerable zeal in promoting the adoption in France of free courses of lectures, scientific and literary. The trial was unsuccessful in some places, and successful in others. Thus, while it failed completely at the Faculty, where several of the vice-professors attempted to organise a series of lectures on subjects connected with the history of medicine, it was attended by the greatest success at the Sorboune. There the scientific lectures, under the title of "Les Soirées Scientifiques de la Sorbonne," have become quite *recherchées*.

Drs. Delgado Judo and Santiago Casas, of Madrid, have been carrying on some experiments with hydrate of chloral, and state that they have obtained with the hypnotic most surprising results in the case of a lady belonging to the highest circle of Madrid, and who for several years had been suffering severely from want of sleep, caused by a disease of the uterus. They intend to publish a full account of the case.

### SANITARY AND METEOROLOGICAL BULLETIN OF THE CONTINENT.

Diseases of the respiratory organs prevail almost everywhere. In France, there is an epidemic of variola in all the larger cities, Paris, Lyons, Marseilles, &c.; but, whilst

the epidemic shows a certain intensity in Paris, it is extremely benign at Lyons. Erysipelas is now frequently met with in the surgical wards of the above-named cities. It has been noticed in Lyons that phthisical patients during the last week or two showed a marked tendency to hæmoptysis. With the present "medical constitution," cases of cerebral hæmorrhage still continue to be frequent. The above remarks also apply to Germany and Italy. The last health bulletin of Florence shows a predominance of bronchitis and pneumonia, and a frequency of heart and brain disease.

## PARIS.

(FROM OUR OWN CORRESPONDENT.)

ANNUAL PUBLIC MEETING OF THE ACADEMY OF MEDICINE: M. BÉCLARD'S PANEGYRIC OF TROUSSEAU.

THERE was a brilliant meeting on Tuesday at the Academy of Medicine. It was the *fête* day of the Academy—the day on which it throws open its doors to the public; brushes up its gaudy violet uniforms, accompanied by the delicately-chiselled rapier; hangs up its velvet curtains; invites the fair sex to come to listen to the most captivating of its orators; and assumes quite a worldly aspect, tempered by the grave and sedate manner of the majority of its members.

The great attraction of this meeting was M. Béclard's panegyric of Trousseau. Really, the talented Secretary of the Academy is a most delightful writer, and a most seductive orator. On this occasion he even surpassed his reputation. His *éloge* of Trousseau was a great success, and the audience on more than one occasion during the discourse, and especially after its delivery, warmly manifested their satisfaction.

Limited space forbids me to attempt to give you any idea of the literary merit of M. Béclard's performance. I must, therefore, only point out a few important passages of the discourse; and Trousseau, I know, is so highly appreciated in England that you will be glad to hear something more about him.

M. Béclard opened his discourse by a parallel between Trousseau and Velpeau, who were both disciples of Bretonneau, of Tours, at the same time. Both received the instruction of this great provincial master, who was so practised and able a physician, and who endeared himself to his two great pupils. Velpeau followed surgery, and threw lustre over the science. Trousseau took to medicine, and I need not mention his fame. A few details were next given touching the family of Trousseau, and his first steps in the world. He was born in 1801; and as the family circumstances were somewhat restricted, he obtained gratuitous teaching at the Lyceums of Orleans and Lyons. After a course of brilliant performances at College, he became a Professor himself, and taught rhetoric at Chateauroux. But a few months after he determined to study medicine; came to Paris; found the School closed through the authoritative intervention of the Bishop of Hermepolis; went to Tours, and there met Bretonneau, who was to exert such a lasting impression on his mind. A few years later, we see Trousseau in Paris taking his degree, and obtaining the post of vice-professor at the Faculty. His boundless activity, and intense curiosity to see and learn for himself, next direct his steps to Hologne, where he investigates a then reigning epidemic of croup; and the year after to Gibraltar, where, in conjunction with Louis and Chervin, he studies the epidemic of yellow fever, which had just broken out there. He returns to Paris to resume his triumphant course, writes the famous treatise on Therapeutics, and gains the post of Professor at the Faculty and Physician to the Paris Hospitals, in both of which offices he became so illustrious. It would be impossible to follow M. Béclard in his appreciation of Trousseau as a clinical teacher, as an orator at the Academy, and as a writer. It would be repeating much of what I already related to you when noticing Professor Lasègue's panegyric, notwithstanding that M. Béclard's estimation has its distinctive merits and interest. One fact which is less known is Trousseau's short but active political career. He was selected in 1848 as a member of the French National Assembly, and made several speeches, in which he foreshadowed the events which took place afterwards. On the fall of Cavaignac he gave up politics to devote himself entirely to medicine. Trousseau's extraordinary abilities as a physician, his foresight, perspicacity, and suppleness of intellect, his deep knowledge of the therapeutical resources of our art, his peculiar ideas on medicine, are now so well known that I here pass on rapidly; neither will I insist on M. Béclard's explanation of Trousseau's pretension to be an artist and an empiricist in medicine, which much resembles M. Lasègue's. His sincerity and openness of mind were much praised, and M. Béclard related a charming anecdote, in which we see Trousseau at the height of his fame addressing himself to a young clinical clerk and asking him for lessons in botany and geology. During three years there was a system of mutual instruction, the great master teaching clinical medicine, and, in turn, receiving instruction from his externe, who has since become Professor Gubler, of the Faculty. Trousseau's generous and noble disposition were next alluded to, and next his illness and death described in touching terms. I am sorry I cannot reproduce the concluding portion of the harangue, which was extremely eloquent.

Paris, Jan. 13th, 1870.

# Obituary.

## SIR WILLIAM CHARLES HOOD, MD., F.R.C.P.

WE have to record with great regret the untimely death of this physician, which took place at Bridewell Royal Hospital on the 4th inst. Sir Charles Hood was a student of Guy's, graduated at St. Andrews in 1846, and from 1849 to 1852 was one of the medical superintendents of the Colney Hatch Lunatic Asylum. He then obtained the appointment of resident physician to Bethlem Hospital, which post he held until 1864, when the appointment of Visitor of Chancery Lunatics was conferred on him by the Lord Chancellor. He became treasurer of the Royal Hospitals of Bridewell and Bethlem some eighteen months ago, and died on the above mentioned date, at the early age of 45 years. Sir Charles Hood was the author of many articles and reports on Lunacy, among the chief of which may be cited "Pathology of Insanity," and some valuable "Statistics of Insanity."

## DR. CHARLES PHILIPS CROKER.

ON Tuesday last, at his residence in Merrion-square West, Dublin, died Dr. Charles Philips Croker, Physician to St. Patrick's (or Swift's) Hospital; to the Hospital for Incurables and the Female Orphans' House; Consulting Physician to Steeven's Hospital, and to the Rotunda and the City of Dublin Hospitals. He graduated in Arts and Medicine at Trinity College in 1840, and was licentiate in 1826, Fellow in 1828, and President in 1836–7 of the Faculty of the King and Queen's College of Physicians. His practice was extensive, and at the time of his premature demise was still on the increase. We shall take another opportunity of referring to his life and labours.

## ROYAL COLLEGE OF SURGEONS.

AT the Quarterly Meeting of the Council of the College of Surgeons, held on Thursday last, the resolutions of the Court of Examiners on a Report of the Committee of the General Medical Council of Professional Examination were considered and adopted, with a few modifications. A lengthy and important report, emanating from the Court of Examiners, on the subject of Professional Education, was also adopted.

A report from the Committee on Mr. Erichsen's proposition to give the Fellows the option of holding meetings within the College was received, recommending in effect that the clause of the Bye-laws of the College in reference to the holding of

other than the annual meetings, should be held as permissive; and that the President be empowered to call such meeting either on his own authority, or on a requisition signed by thirty Fellows, and sanctioned by the Council, and that such meetings be held within the College. The Report was, on the motion of Mr. Birkett, ordered to be printed and circulated, in order to its discussion at the next meeting of the Council.

# Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 6th, 1870:

Jolliffe, John, jun., Godolphin-road, Shepherd's-bush.
Mulligan, Joseph Michael, Thrapston, Northamptonshire.
Roberts, Evan, Upper Dorset-street, W.
Wadsworth, Godfrey Bingley, Westbourne, Hants.

The following gentlemen also on the same day passed their first professional examination:—

Aikin, Charles Edmund, Guy's Hospital.
Derry, Bartholomew Gidley, St. George's Hospital.

WESTMINSTER HOSPITAL.—Dr. Potter has been appointed Assistant Obstetric Physician.

LONDON HOSPITAL.—Messrs. Oswald, Baker, Ashley, W. Barrett, and John Wilford Marsh, have been appointed House-Surgeons, vice Messrs. Robert W. Ceely, R. F. Hay, and John S. Hosford, who retired in rotation.

THE CAMBRIDGE UNIVERSITY.—The Professor of Anatomy (Professor Humphry), gives notice that the course of lectures on Practical Anatomy will be continued on Monday, Jan. 17, at 1 P.M., and daily at the same hour. The course on Anatomy and Physiology will be continued in the New Museums on Thursday, Jan. 27, at 1 P.M., and on Tuesdays, Thursdays, and Saturdays at the same hour. Microscopical Demonstrations will be given in the old Anatomical Museum on alternate Mondays at 6 P.M., commencing Feb. 17. With the assistance of Mr. Garrod, of St. John's College, Demonstrations of Physiological Chemistry will be given in the old Anatomical Schools on Saturdays at 12 M., commencing Feb. 5.

DR. W. H. PILKINGTON, of Clayton-le-Moors, has qualified as a magistrate for the county.

DR. GEORGE GODDARD ROGERS, late Medical Registrar to St. George's Hospital, has been appointed by Lord de Grey to the vacant Inspectorship in the Medical Department of the Privy Council Office.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—The next meeting of this Association will be held at the Scottish Corporation Hall, Crane-court, Fleet-street, to-day (Saturday), at 7.30 P.M., when the discussion will be resumed on Mr. Acton's paper, entitled, "Supposing the Legislature should determine to recommend the introduction of the Contagious Diseases Act among the Civil Population, would it be feasible and possible to carry out its enactments in the Metropolis?"

THE ULSTER OVERCOAT.—We have received from Messrs. M'Gee, of Belfast, a specimen of this addition to the traveller's wardrobe, and, from practical experience, we can testify to its very great utility. It secures for the wearer immunity from cold or wet, whether his journey is on the road, the rail, or the river. To members of our own profession, to country practitioners especially, who are frequently called upon to visit patients at a distance, in all states of the weather, and at all hours of the night, it will prove simply invaluable.

# Medical Appointments.

ASHTON, T. J., M.R.C.S.E., has been appointed Surgeon-Aurist to the Royal Society of British Musicians, vice J. Yearsley, M.D., deceased.
BAGNALL, S. F., L.R.C.P.L., has been appointed Junior Medical Assistant at the Gloucestershire Lunatic Asylum, near Gloucester.
BELLAMY, E., F.R.C.S., has been appointed Surgeon to the Magdalene Hospital.
BRAIDWOOD, P. M., M.D., has been appointed Demonstrator of Histology at the Liverpool Royal Infirmary School of Medicine.
BUCK, T. A., M.B., has been appointed House-Physician to the Hospital for Women, Soho-square, vice W. A. Cox, M.R.C.S., resigned.
FLETCHER, R. V., L.R.C.P.Ed., has been appointed Resident Medical Assistant at the Down District Lunatic Asylum, Downpatrick.
FLINN, J. J., L.R.C.P.Ed., has been appointed a Medical Officer to the East Dispensary, Liverpool, vice R. T. Lodge, M.D., resigned.
GILLAND, R. B., M.D., has been appointed Resident Medical Superintendent of the new Pauper Lunatic Asylum at Cholsey, Berks.
HARDYMAN, C. E., M.R.C.S.E., L.S.A., late House-Surgeon at St. Thomas's Hospital, has been appointed House-Surgeon to the Worcester General Infirmary.
HARMAN, E. J., L.R.C.S.Ed., has been appointed Apothecary to the District Lunatic Asylum, Ballinasloe, Co. Galway.
HAWARD, E., M.D., has been appointed Physician to the St. Marylebone General Dispensary, Welbeck-street, vice W. Cayley, M.D., resigned.
JACQUES, J. T., M.D., has been appointed a Medical Officer to the Leicester Provident Dispensary, vice J. Sloane, M.D., resigned.
JOHNSTON, A. C., M.R.C.S.E., L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for the United Parishes of Kilmarich and Lochgoilhead, Argyleshire, vice Galbraith, whose appointment has expired.
KNOTT, S. J., M.R.C.S.E., has been appointed Resident Registrar and Chloroformist at St. Mary's Hospital, Paddington, vice M. M. Moore, L.R.C.P.I., appointed a Resident Medical Officer at the Royal Albert Hospital, Devonport.
LAWRENCE, C. H., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Pewsey Union, Wilts, vice J. Hayward, M.R.C.S.E., deceased.
MACARTHUR, P., M.B., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Dirraw Dispensary District of the Ballymoney Union, Co. Antrim, vice John Thomson, M.D., resigned.
MORRIS, H., M.B., has been appointed Surgical Registrar and Superintendent of Post-mortem Examinations at the Middlesex Hospital, vice H. Arnott, F.R.C.S.E., resigned.
O'DONOGHOE, M., L.K.Q.C.P.I., has been appointed Medical Officer to the Workhouse of the Castlerea Union, and Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Castleplunket Dispensary District, vice M. Harkan, M.D., resigned.
OLIPHANT, J., M.D., has been appointed a Medical Officer to the Leicester Provident Dispensary, vice R. Wingate, M.R.C.S.E., resigned.
PATERSON, T., L.R.C.P.Ed., has been appointed a Medical Officer to the North Dispensary, Liverpool, vice J. R. Burton, L.R.C.P.L., resigned.
RICKETTS, F. W., M.R.C.S.E., has been appointed a Medical Officer to the South Dispensary, Liverpool, vice T. Carson, L.R.C.S.I., resigned.
ROBERTSON, R., M.D., has been appointed a Medical Officer to the South Dispensary, Liverpool, vice J. Oliphant, M.D., resigned.
SINCLAIR, D., M.B., C.M., has been appointed Medical Officer for Cawood and part of the Riccall District of the Selby Union, Yorkshire, vice T. Percival, M.R.C.S.E., resigned.
WHARTON, J. H., M.B., L.K.Q.C.P.I., has been elected a Surgeon to the City of Dublin Hospital, vice T. G. Geoghegan, M.D., deceased.
WHIPPLE, C., L.R.C.P.L., has been appointed Surgeon to the South Devon and East Cornwall Hospital, Plymouth, vice J. Whipple, F.R.C.S.E., resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

COLLINS.—On the 1st inst., at Euston-place, Leamington, the wife of Dr. Collins, of a daughter.
CONDON.—On the 13th of Nov. 1869, at Rangoon, the wife of E. H. Condon, M.D., Assist.-Surgeon 2nd Batt. 21st Royal N.B. Fusiliers, of a daughter.
FISHER.—On the 5th inst., at Bucklands, Apsley-road, Clifton, the wife of S. Winter Fisher, M.D., of a son.
HARRIS.—On the 2nd ult., at Nungumbankum, Madras, the wife of Surgeon W. H. Harris, M.D., Madras Army, of a son.
MEGGET.—On the 6th inst., at Scarborough, the wife of A. Megget, M.R.C.S., of a daughter.
SUTTON.—On the 6th inst., at the Norwich Borough Asylum, the wife of Frederick Sutton, M.D., Resident Medical Superintendent, of a daughter.

## MARRIAGES.

HOLLOWAY—SYMMONS.—On the 5th inst., at Wormingford, Essex, James Lewis Holloway, M.R.C.S.E., Staff Surgeon-Major Army, to Minnie, daughter of the late B. F. Symmons, Esq.
HOME—SMITH.—On the 3rd inst., at Wexford, William Home, M.D., Deputy Inspector-General of Hospitals, to Eva, widow of H. S. Smith, Esq.

## DEATHS.

BEDDOES.—On the 10th inst., Wm. Minton Beddoes, M.D., of Shrewsbury, aged 52.
BESWICK.—On the 31st of Oct., 1869, at Hokitiker, New Zealand, S. Beswick, M.R.C.S.E.
BOWIE.—On the 2nd of Oct., 1869, at Fitzroy, near Melbourne, Robert Bowie, M.R.C.S.E., in his 82nd year.
DENZILOE.—On the 1st inst., M. Denziloe, M.R.C.S.E., of West Allington, Bridport, aged 63.
GARDINER.—On the 6th inst., James Gardiner, M.D., of Portsoy, Banffshire, aged 47.
KAY.—On the 10th inst., R. Kay, L.R.C.S.Ed., of Camp-street, Broughton, Manchester, formerly of Liverpool, aged 69.
PRITCHARD.—On the 6th inst., at Clevedon, Thomas Pritchard, F.R.C.S., aged 64.
SLADDEN.—On the 3rd inst., J. Sladden, M.R.C.S.E., of Ash, near Sandwich, Kent, aged 57.
TOMPSON.—On the 9th inst., Wm. Alonzo Tompson, M.R.C.S.E., aged 62.

# Medical Diary of the Week.

### Monday, Jan. 17.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. John Lowe, of Lynn, "On Gastrotomy," with Case; and "On Fistula in Ano, and its Treatment by Ligature, applied in a New Mode." — Dr. Taylor, of Nottingham, "On the Operation of the Contagious Diseases Act."

### Tuesday, Jan. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Humphry: "On the Architecture of the Human Body."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Peacock: Malformation of the Heart; Aneurism of Left Ventricle; Chronic Ulcer of Stomach. Dr. Crisp: Diseased Brain. Dr. Moxon: Tubercle of Spinal Dura Mater; Thrombosis of Renal Veins; Primary Hydatid of Heart. Dr. Down: Paralysis with apparent Hypertrophy. Dr. Bristowe (for Dr. Fergus): Perforation of Vermiform Appendix; Cancer of the Ovary;—&c. &c.

### Wednesday, Jan. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

### Thursday, Jan. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Wynn Williams, "On Puerperal Fever."

### Friday, Jan. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Haze and Dust."

### Saturday, Jan. 22.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Scott, "On Meteorology."

# Notes, Short Comments, and Answers to Correspondents.

#### HOSPITAL ENTERTAINMENTS.

A VERY successful musical and dramatic entertainment was given to the patients, nurses, and friends of the Middlesex Hospital on Wednesday week in Forbes ward, where a complete stage, with foot-lights, &c., was erected. The performances were chiefly by the resident officers and students, amongst whom Messrs. Semple, Critchett, Conolly, and Casson were conspicuous for their artistic talent. Madame Jagielski delighted the audience with a pianoforte solo. On the previous Wednesday Mr. Arthur Sketchley had lent a generous assistance towards the amusement of the patients by reading to them his well-known "Mrs. Brown at the Play." On Thursday evening week the third of a course of winter entertainments was given to the in-patients at the National Hospital for the Paralysed and Epileptic, Queen-square, Bloomsbury. Readings and music constitute the great features of these evenings, and the liveliest pleasure is taken in them by the unfortunate sufferers. It is no light thing, surely, to be able to smooth the very hard road of life which has to be traversed by those so terribly afflicted as the inmates of these two hospitals, including as they do so many epileptics, paralytics, and cancerous patients. It is an interesting fact that the epileptics never have fits in the course of the evening's amusement, and those in charge of them say that they seem to be improved for days afterwards by the treat which is given them.

*Mr. H. Green's* (Paris) communication "On the Case of Leopold I., King of the Belgians," arrived too late for insertion this week.

#### FEVER IN WHITEHAVEN.

THE local authorities in Whitehaven have been moved to a considerable amount of discussion latterly on account of the prevalence of fever in the town. A special meeting of the Town Trustees was held on the 20th of December to take into consideration the want of hospital accommodation for the reception of fever cases; and, after a good deal of characteristic talk, it was decided to suggest to the Board of Guardians that certain fever wards alleged to exist in the workhouse should be made available for the treatment of all pauper fever patients to meet the present emergency. But when this suggestion was brought before the guardians, the Chairman stated that the so-called fever wards were simply wards built for the isolation of paupers suffering from cutaneous or other disagreeable diseases, and that they had never been occupied with a fever case. It was further said that, supposing that portion of the workhouse had been opened as fever wards, it would have been difficult, and in many cases impossible, to induce poor people to go into them, because of their horror of the workhouse. Mr. J. B. Wilson, F.R.C.S., one of the guardians, confirmed this statement. The Chairman said he believed that every provision had been made for the poor folks attacked with fever; they had been received into the infirmary, where, although sometimes there had been a few more than the legitimate number of patients, there was, generally speaking, ample accommodation. This gentleman would have done well to refrain from some not very wise observations deprecatory of public discussions about the fever in the town. He thought they had been injurious rather than beneficial; for they had caused unnecessary alarm in the public mind, "and their tendency was to spread rather than to check the disease." Unless the reporter was nodding when he took down this latter expression, the worthy Chairman of the Whitehaven guardians has made a discovery; for that any amount of talk will spread any form of disease, except perhaps that which is known as the *cacoëthes loquendi*, is news to us at least. He must allow us to tell him that the "hushing-up" system is in sanitary matters about as dangerous as anything can well be. The guardians are undoubtedly right in their view that it is the business of the Trustees, as the "sewer authority" of the town, to provide hospital accommodation for infectious cases arising within their jurisdiction, the liability of the guardians in that respect being only concerned with such cases as may occur amongst the inmates of the workhouse, or of paupers receiving out-door relief. That a small population of about 14,000 should maintain from 50 to 60 cases of fever under treatment in a public institution for a month or six weeks in succession is sufficient evidence that its sanitary condition is bad.

#### THE CEMETERY AT BATHURST DURING THE CHOLERA AT THE GAMBIA.

*To the Editor of* THE LANCET.

SIR,—I was extremely pleased to see in your journal of Nov. 13th a copy of the document (with signatures), describing revolting scenes supposed to have been witnessed in the Cholera Cemetery. I am very sorry to trouble you again with this matter; but to finally settle the question, and as a complete confirmation of what I stated in THE LANCET of Oct. 30th, I beg to enclose and submit to you certified copies of the statement now made by two of those who were induced to sign the document above referred to. I have not seen Mr. Miller, who is a clerk in Mr. Quinn's house, and am consequently unable to state whether he likewise is anxious to retract.

I am, Sir, your obedient servant,
ROBERT WATERS, M.D., Staff Surgeon.

Bathurst, West Africa, Dec. 11th, 1869.

*** Our correspondent encloses certified copies of two documents with the signatures "P. A. Bowman" and "E. F. Noel," being two of the individuals who subscribed their names to a paper published in THE LANCET of Nov. 13th last, and on the strength of which we commented on the disgraceful condition of the burial-ground at Bathurst during the late epidemic of cholera. Messrs. Bowman and Noel now retract all that they had previously said, and express their sorrow for having said it. The circumstance is most discreditable to them in every way. They subscribed their names to a statement of facts which they pretended they had seen, but which they now confess to have been false. As to their pleading ignorance of the nature of the paper in question, it is clear that no one can be justified in signing his name to a document without first making himself acquainted with the character of its contents. The statements were probably fabricated to serve some purpose or other; and if people allow themselves to be put into positions of this kind, they must expect to reap the odium they merit.

#### STUMPS AND ARTIFICIAL LIMBS.

WE happen to be able to place in juxta-position two communications of interest to operating surgeons no less than to their patients. One is a description of the very ingenious mechanism by which Mr. H. Bigg has contrived to supply the wants of an unfortunate sufferer who lost both hands and feet from gangrene; and the other is a letter from a working man, a late inmate of St. George's Hospital, on the subject of the amputation he himself underwent—viz., through the knee-joint. It only required the evidence of one who had himself undergone the operation to complete the generally favourable verdict recently given by the speakers at the Medical and Chirurgical Society when this very amputation was under discussion. Whatever may be the value of Mr. Mackay's opinion respecting hospital mortality, there can be no question as to his right of private judgment as respects his own stump, and his opinion that his own is "the best of the lot" is worthy of respectful attention.

### VITAL STATISTICS.

THE authorities have just published the following particulars touching the population of France:—From 1861 to 1866 the excess of births over deaths was 716,000. The annual increase, which for 1856 was only 0·20 per cent., is now 0·36. The population for 1866 was 680,000 over 1861. The grand total of the inhabitants in 1866 was 38,067,064. Women number 0·10 per cent. above men. There is an improvement of six months in the mean age since 1851, which is now 31 years and 5 months (31 years and 2 months for men, and 31 years and 8 months for women). The highest age average is to be found in children under 5. The number of the insane is 50,726—viz., 133 per 100,000 inhabitants; 91 men against 100 women. There are 39,953 idiots or cretins, being 105 per 100,000 inhabitants. Taking idiots, cretins, and the insane together, we find a total of 92,000—viz., 1 for every 420 inhabitants. There are, moreover, 51,000 people affected with goitre (Derbyshire neck). The blind are 84 out of 100,000 inhabitants, being about 1 in 1200; the proportion of females to males (blindness) is 93 to 84. The deaf and dumb number 21,214—viz., 36 per 100,000 inhabitants, or 1 in every 1800. The deaf and dumb from birth are in the proportion of ⅔. This bereavement is more common with men than women—viz., 62 to 49 per cent. Taking altogether the insane, cretins, idiots, goitre patients, the blind, and deaf mute, we come, for 1866, to a grand total of 202,669 sick or infirm, being 5·32 per 1000 inhabitants, or 1 in 188.

*G. F. B. W.*—A medical practitioner of our correspondent's standing would be entitled, under the circumstances specified, to charge the minimum fee of half-a-crown a visit.

*A Fourteen Years' Subscriber.*—We shall not lose sight of the subject.

### THE USE OF PICKED OAKUM IN SURGICAL CASES.

*To the Editor of* THE LANCET.

SIR,—It may be interesting to your readers to hear the experience of others in the use of picked oakum, mentioned by Mr. Pollock in your impression of to-day. I have been in the habit of using it very frequently for the last six years both in hospital and private practice, and increased use and experience have strengthened my conviction of its advantages in dressing wounds. It was introduced to my notice, and, as far as I know, was first used in this country, by my friend, the late Mr. Redfern Davies, of Birmingham, who had seen it employed in the military hospitals in the Northern States of America during the late war, and who recommended its use in a paper in THE LANCET of June 6th, 1863. There are two varieties to be obtained, the machine-picked and the hand-picked. The latter can be bought usually at gaols and workhouses, by the hundredweight, at a much lower price than that mentioned by Mr. Pollock. It is very possible that the tar in the oakum, which at all events covers odours more disagreeable, may do more, and possess some disinfecting power; but I believe its operation as a dressing to be mainly mechanical, by attracting the discharges into itself by capillary action, its absorbent power being much greater than that of tow, which has not been made into ropes, as the twisting gives the oakum a springy character, which prevents its clogging into a wet mass. The late Mr. Redfern Davies, whose original investigations were very valuable, and whose early death was a loss to surgery, used to describe an experiment he made to compare the absorbent powers of lint and picked oakum. He folded into a roll an equal bulk of each, and tied them with equal firmness. These two rolls he placed in the same basin of pus for some hours. On unrolling them, the lint was not wetted through the outside layer; while the oakum was wetted completely through. The oakum is especially useful in deep wounds, from which the pus will not flow out readily. Some time ago I had under my care in the General Hospital a man with a deep wound passing from the front of the thigh close to the skin at the back of the thigh, caused by a fall on a wooden railing. Pads and bandages quite failed to prevent pocketing of pus, which accumulated daily to the amount of five or six ounces. After the first application of a large handful of picked oakum, the wound was found empty, and continued free from accumulation of pus until it had granulated up. I have also found it very useful in connexion with drainage-tubes, especially the coiled wire one, which I now always use, as it retains the discharge, and prevents its soiling the bed or clothes by finding its way about as it does when discharged in quantity. In a case of mammary abscess under my care a few weeks ago, it proved a great comfort from this cause. Although it appears a somewhat rough dressing to apply to a wound, I have never found it to give pain; but when there is any great prepossession on the part of a patient against it, I have put a piece of ordinary net, such as caps are made of, under it, which does not interfere with its action, and renders it a little more readily removable.

Faithfully yours,

Birmingham, Jan. 8th, 1870. T. H. BARTLEET.

*Mr. R. M. Inman.*—We do not care either to get or give information about such degrees as our correspondent indicates. Degrees to be had without residence, and with as little trouble and expense as possible, are of no value, and are not needed to designate the medical or any other profession.

*A Student,* (Guy's.)—The statement has been denied.

*Dr. Drummond Smith's* letter arrived too late for insertion in our present number.

### A CORRECTION.

*To the Editor of* THE LANCET.

SIR,—Would you allow me, through the medium of your columns, to correct a misstatement in the article "On Prostitution" in the *Westminster Review* for the present month? It is therein asserted that "the three general hospitals in Liverpool make no provision for venereal patients." Whereas the Liverpool Lock Hospital, containing 50 beds for males and females equally, and treating about 500 in-patients annually, has existed for the last thirty-five years as a component part of the Royal Infirmary, erected on the ground and maintained by the funds of that institution. Lock wards were, previous to the erection of the present building, provided in the infirmary itself as far back as the year 1749.

I am, Sir, your obedient servant,

W. M'CHEANE, F.R.C.S.,

Liverpool, Jan. 6th, 1870. Surgeon to the Liverpool Lock Hospital.

### UNSCRUPULOUS PUFFERY.

A COMIC contemporary admits into its advertising-sheet the following as "among a few out of thousands of testimonials" to the efficacy of "Hall's Chlorate of Potassa" —"Dr. Wakley, the eminent Coroner, says: 'Dr. Hall's Chlorate of Potassa is calculated to entirely supersede iron, mercury, sarsaparilla, quinine, and cod-liver oil.'" Instead of appearing in the advertising columns of *Will-o'-the-Wisp*, this "testimonial" would have been much more appropriately placed among its comic matter as a highly amusing specimen of the "puff prodigious." Intended to be taken *au sérieux*, we can characterise it only as an impudent fabrication, "testifying" to its author's unscrupulous audacity more than to anything else. A companion "testimonial" is quoted from THE LANCET of April 1st, 1867. There is a fine propriety in making us appear on All Fool's Day with such a hoax in our columns! Is it necessary to add that there is no such number of THE LANCET at all, and that the "testimonial" ascribed to us is as impudently apocryphal as that ascribed to Mr. Wakley, the late Coroner for Middlesex? There are other victims, however, to this designing advertiser, and the occurrence of such names as Sir Thomas Watson's, Professor Syme's, and the late Sir Benjamin Brodie's tempts us to ask, Is there no protection against the unscrupulous imputation of opinions which, we feel sure, were never either uttered or recorded?

*Mr. J. R. White,* (Kemerton, Tewkesbury.)—The assistant must comply with the directions of his principal, except when a distinct injustice is inflicted on him. Our correspondent's case does not seem a hard one.

*Dr. Crowther.*—Next week.

*Mr. Majoribanks.*—The obituary appeared in THE LANCET of JANUARY 1st.

### THE BRITISH MEDICAL BENEVOLENT FUND.

*To the Editor of* THE LANCET.

SIR,—I have read with much pleasure your leader on the claims of the Medical Benevolent Fund on the members of the profession, and am particularly pleased with your plain and honest dealing with the subject altogether, and the contrast you have shown between the demand for testimonials and the claims of needy widows and orphans.

This matter has not been in the minds of the profession sufficiently, or surely the Medical Benevolent Fund would not have come to such a pass. I would, therefore, venture to suggest that your leader of Saturday last, or at all events a statement of the substance of it, be printed on a separate slip of paper, and transmitted through the post to every member of the profession.

Something should be done. Many doctors have subscribed readily and liberally to testimonials at present in course of formation; others have hesitated to do so from inability, or from a feeling that there were other claims pressing upon them of greater weight, and they were unable to meet both. I happen to be one of the latter. My practice, though increasing, is yet only small. I have a large family to provide for, and I have other claims of duty. Your statement of the case of the Medical Benevolent Fund has made me decide to throw in my little mite with your sympathy, and I am sure in doing so Mr. Syme, of whom I am an ardent admirer, and an old pupil, will not only not grudge, but highly approve, while he, no doubt, gives his own aid and sympathy to the Fund. Your obedient servant,

London, Jan. 12th, 1870. Z. Y. D.

*To the Editor of* THE LANCET.

SIR,—The Committee of the above Fund would feel much indebted to you if you would kindly insert the following notice in your next issue.

I am, Sir, yours very faithfully,

R. THORNE THORNE.

Seymour-street, Portman-square, Jan. 11th, 1870.

The Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the following sums which have been forwarded to them as the result of the appeal published in the medical journals:—

*Donations.*

| | | | |
|---|---|---|---|
| Adolescens | £3 | 0 | 0 |
| Badley, J., Esq., F.R.C.S., Dudley | 10 | 0 | 0 |
| Dale, G. T., Esq., Pembridge-place, W. | 2 | 2 | 0 |
| Dyer, Dr., Ringwood, per G. C. Jonson, Esq. | 2 | 2 | 0 |
| Gull, Dr., Brook-street, W. | 25 | 0 | 0 |
| Jackson, Dr. A., Southsea | 3 | 3 | 0 |
| Renshaw, Dr. C. J., Ashton-upon-Mersey | 5 | 0 | 0 |
| Spackman, F. C., Esq., Farringdon | 1 | 1 | 0 |
| Turner, Mrs. Turner, Avon, near Ringwood, per G. C. Jonson, Esq. | 5 | 0 | 0 |
| Webber, C. S., Esq., F.R.C.S., Upper Berkeley-street West, W. | 2 | 0 | 0 |

*Annual Subscription.*

| | | | |
|---|---|---|---|
| Clogg, S., Esq., East Looe | 0 | 10 | 6 |

Further donations or subscriptions will be duly acknowledged.

*Student,* (Glasgow.)—Women should always be spared indelicate offices as much as possible. Men are found in abundance to discharge the duty to which our correspondent refers, and there is, therefore, no excuse for committing it to the less appropriate hands of the female sex.

*Dr. Purvis's* case shall appear in an early number.

*Mr. Dowell,* (Hinderwell, Saltburn-by-the-Sea.)—Consult a solicitor. The case seems clear.

### RUMEX OINTMENT.

*To the Editor of* THE LANCET.

SIR,—In reply to "W. A. B.," I beg to state that rumex ointment is made from the Rumex aquaticus, a plant very closely resembling the common dock, with this difference, the total absence of anything like a grain or tubercle on the sepals. This distinction is, I think, sufficiently characteristic for all practical purposes, as all the plants of this species, with the exception of the R. aquaticus, bear either a grain or tubercle on the sepals.

Yours, &c.,

Rothwell, Northamptonshire, Jan. 3rd, 1870. JAMES MOSS, M.D.

### EXTERN DUTIES OF MEDICAL OFFICERS OF WORKHOUSES.

AT the inquest at Holsworthy on the body of a female pauper child, aged twelve, who had been attacked with rheumatic fever while out as a servant, and rather neglected by the master and mistress, otherwise kind, the coroner reflected on the guardians for not having all the particulars of the child's place and comforts entered in a book, and upon the relieving officer for not informing the child, as well as the master and mistress, that in case of sickness the medical officer of the union can be sent for. In the case of children apprenticed, the employer is responsible for medical treatment, and we do not think it should be otherwise with female servants.

*A Sixteen Years' Subscriber.*—The report of the case has been mislaid. Please send us another. Unless the person referred to charges in his own name for medical services, it would be difficult to get a conviction under the Apothecaries Act; and unless he uses titles *falsely*, he cannot be convicted under the Medical Act of 1858. The practice of sheltering unqualified practitioners ought to be considered in any amendment of the Medical Act.

*Mr. A. S. Meloille's* communication shall be inserted next week.

### "THE CHARITY OF A PROFESSIONAL BROTHER."

*To the Editor of* THE LANCET.

SIR,—The concluding portion of Dr. Falloon's letter in your last issue is so exceedingly equivocal, that I trust you will insert the following particulars, and perhaps it will be as well to state that I am practically unacquainted with either Dr. Falloon or Dr. Irvine, and consequently have no "bias" in the matter.

At the usual fortnightly meeting of the Society referred to by Dr. Falloon (following the inquest upon the late Mrs. Parry), the subject of Dr. Falloon's conduct was introduced by one of our Vice-Presidents, and in the discussion that followed the course of action pursued by him (Dr. F.) was universally condemned; but the Society felt that it could not take any notice of the matter—as regards a vote of censure, &c.—without being accurately informed whether the letter to the coroner, as published in the papers, was authentic. They therefore deputed four of their members to wait upon Dr. Falloon, hoping that it was not correct, and that he might apologise for what had taken place. The report alluded to was brought up at a special meeting, and it stated that Dr. Falloon "regretted that he had used the word 'poisoned.'" After much discussion this report was adopted, chiefly, I believe, because it was stated that legal proceedings were already commenced by Dr. Irvine. The statement made by Dr. Falloon in his letter to you, that the Society was satisfied either with Dr. Falloon's conduct or his explanation, is, to use the mildest phrase, untrue. The meeting accepted the so-called *apology*. The "one dissentient" was myself, *not* Dr. Irvine, as evidently implied, and my reason for dissenting was that I did not consider Dr. Falloon's apology was a sufficiently ample one for the whole course of his erroneous conduct. Moreover, had the meeting been aware that this so-called apology was literally wrung from Dr. Falloon, I doubt very much whether it would have been accepted under any circumstances.

In conclusion, allow me to add that if we are to respect the grey hairs of practitioners of nearly thirty years' standing, it is, I expect, when they are associated with wisdom.—I am, Sir, your constant reader,

January, 1870. THE "ONE DISSENTIENT."

P.S.—Since writing the above, I am enabled (through the courtesy of our Secretary) to give you an extract from the minutes of the meeting, signed by our President, and which fully bears out what I have stated:—"Several members considered the apology insufficient, and others considered that it should be made as public as the charge of poisoning; but it having been stated that Dr. Irvine was about to take legal proceedings against Dr. Falloon, the report was adopted."

*Dubitans.*—There exists a different scale of pay for the "employed" and "unemployed" officers in the Indian medical service. In order to obtain the higher scale of the former, the medical officer must be discharging the duty of an appointment in the country. He would commonly be required to afford evidence of his colloquial acquaintance with Hindustani. Under ordinary circumstances, a medical officer would not have to wait long for such an appointment as that named by our correspondent. We think that he would be able to save something out of the higher rate of pay.

*G. H. K.*—The qualification in question entitles the holder to accept a Poor-law union appointment. Our correspondent will find the whole subject handled in a leading article in THE LANCET of August 7th, 1869.

### NEUROTIC HERPES.

*To the Editor of* THE LANCET.

SIR,—The question of the neurotic character and origin of herpes being much discussed at present, I beg to draw attention to herpes of the male genital organs. I have seen the same to be preceded frequently by very marked sensations in the sacral and ischiatic regions, and I know several individuals who, from these sensations, can predict an eruption of herpes on their genital organs. I have seen cases where the diagnosis was facilitated in this way. I am, Sir, yours obediently,

AUGUSTUS HESS, M.D.

Artillery-place, Finsbury-square, Dec. 28th, 1869.

### THE LIVING AMONG THE DEAD.

WITH reference to our remarks last week upon a statement which was reported in the *South London Press* as having been made by the master of the Lambeth Workhouse, it now appears that the master did not say that any paupers at Lambeth had actually been removed to the deadhouse while yet alive; but that such a case had happened in his experience some years ago, and that under the existing arrangements at Lambeth it was quite possible for the same thing to occur there. It was to avoid this possibility that the master suggested that the medical officer's order for the removal of bodies should be in all cases required.

*Mr. Ennis.*—We cannot assist our correspondent in the matter.

### THE TWO KINDS OF M.D.s: A FINE DISTINCTION.

It does not do in these days to refuse light from any quarter. On the subject of titles a distinction has been drawn by Mr. Pinder in the course of a discussion in the Camberwell papers with a medical graduate on the subject of medical titles. After declining in his letter to reopen this "squabble of the schools," he says:—

> "It is now generally admitted that a graduate of medicine of a University is a doctor *of* medicine, and a physician a doctor *in* medicine. Our College, by their charter, confers the doctorate, and I am content to be guided by their wisdom. I, therefore, claim a legal right to sign myself, Yours, &c., E. PINDER, M.D."

We have not seen so fine a distinction as this drawn for a long time, and we confess that we were entirely ignorant of it till we saw it in Mr. Pinder's letter. His College, much as it has studied the doctrine of titles, would leave him in undisputed possession of the field as "doctor *in* titles."

### PATENT MEDICINE STAMP.

*The President of the Pharmaceutical Society*, referring to a note on the subject in our last issue, informs us that the revenue derived from the patent medicine stamp and licence amounts only to between £62,000 and £63,000 a year.

*H. S.*—The case referred to shows great remissness of duty. Medical evidence in casualties of the kind is indispensable, and the coroner should have required it. Apply to the Home Secretary.

### THE USES OF THE UVULA.

*To the Editor of* THE LANCET.

SIR,—May I ask you kindly to give insertion to the following suggestion made by Mr. Henry Power on the above subject, and who, as the Editor of Dr. Carpenter's elaborate treatise on Physiology, may be supposed to have "swept the decks" clean, and to be a competent authority in any physiological matter, and with this I think the subject may be considered as thoroughly exhausted. He suggests that the uvula may have some influence on the voice, unimportant and not very evident. It possibly may "aid in producing the peculiar rolling guttural of various languages—Hebrew, for example, and the 'aach' of the German, though, no doubt, they could be partially pronounced by the person after its removal. ..... Lastly, may not the uvula be to some extent a rudimentary structure, having some such relation to the muscular apparatus of the young kangaroo as the male has to the female nipple?" Yours obediently,

Hastings, Jan. 10th, 1870. C. B. GARRETT, M.D.

*To the Editor of* THE LANCET.

SIR,—I read in a letter from Dr. C. B. Garrett, published in to-day's number of THE LANCET, that I confess myself unable to throw light on the functions of the uvula. My answer to this inquiry (a copy of which I have kept) was that I had never given any particular attention to the functions of the uvula. I returned a reply to Dr. Garrett's letter out of mere courtesy; and had I known he meant to publish my answer, I would probably have withheld it. I really think members of our profession, when applying for information from one another, should state the ultimate object of their inquiries; and, at all events, when anybody takes the liberty of publishing a statement in a private letter, without any authority to do so, he ought, at least, to give that statement correctly.

I shall be more careful in future as to answering such inquiries from writers not known to me personally, as is the case in the present instance.

I remain, Sir, your obedient servant,

Harley-street, Cavendish-square, Jan. 8th, 1870. W. MARCET.

*Inquirer.*—An Act was passed last session, giving to the Irish Poor-law guardians the power of granting a superannuation allowance to medical officers on the same terms as those regulating a similar claim on the part of other officers. It is to be hoped that a like measure will be passed this year in the interests of the English Poor-law medical officers; indeed such a measure will probably be introduced by the author of the Irish Bill.

*Dr. Massy's* letter is in type.

*Chloroform.*—We refer our correspondent to an article on the subject at page 90.

### AMPUTATION AT THE KNEE-JOINT.

*To the Editor of* THE LANCET.

SIR,—As one who has been operated upon at the knee-joint, perhaps you will kindly permit a few remarks on my experience of it to appear in THE LANCET.

I was one of Mr. Holmes's cases, and, though I nearly died from a virulent attack of phagedæna, I am, on the whole, very satisfied with my stump. Everyone with a leg off that I have been able to communicate with, I have asked all I could about the use they could make of their stumps, and the conclusion that I have come to is, that my own is the best of the lot. I have walked on it, taking all my bearing on the patella, which is adherent, before the wound caused by the sloughing healed. I only keep a strip of flannel, about three inches wide, drawn across the top or point of the stump, to protect the skin from chafing in front or back by coming in contact with the box. Daily bathing it prevents the formation of scaly or corn-like formations appearing on the point. I have more power over my leg than anyone I have known with their legs cut above the knee. The instrument-maker told me when I got measured for my leg that he did not think I could walk to St. George's Hospital before my bone would be through the skin! I have walked as many as eight or nine miles on a stretch without feeling much the worse for it. It is, I find, an advantage to have a little spring in the lower part of the wooden-leg; for it breaks that continuity of firmness which is tiring on the femur and harsh to the stump. The pad I use under the stump is as hard almost as the wood itself; but that I could get over, only I do not feel it necessary. I see no reason why a surgeon, except in smashes, should not mark off his anterior flap sufficiently wide to cover all of the femur it would be necessary to expose. In my own case the wound healed by first intention, all but a small piece behind the outer condyle, which was the first place the disease appeared in.

I am, Sir, yours faithfully,

Artisans' Club, Newman-street, Dec. 29th, 1869. H. MACKAY.

### THE LUNATICS IN ST. LUKE'S WORKHOUSE.

DR. CLINTON, one of the Lunacy Commissioners, has just visited the lunacy wards of the St. Luke's Workhouse, and reports that he has examined 78 inmates—27 males, and 51 females. He recommends that four of the said lunatics be removed to an asylum, as not being fit cases for retention in the workhouse; and all of them would certainly be benefited, and might possibly be cured, by appropriate treatment. The improper retention of violent and curable cases in these wards has been repeatedly noticed in our columns.

*Mr. Wm. H. Chase.*—Mr. Potts's system of ventilation is altogether independent of Mr. Howard's ventilators, and the notices were placed together as a matter of convenience only.

### GYMNASTIC EXERCISES FOR WOMEN.

*To the Editor of* THE LANCET.

SIR,—In an article in your journal of the 11th December, on the above subject, you have especially recommended a gymnasium lately opened in the West-end of London because of the presence and supervision of a medical man. This is, I think, a movement in the right direction, and one which ought, as a rule, to be generally introduced, if not enforced, in every gymnasium. I, for one, should be very happy if a member of the medical profession would kindly undertake such an office at my gymnasium. Everybody who looks on gymnastics from a sanitary point of view, and on the gymnasium not merely as an arena for athletic sports, will surely see the importance of the guidance and control of a competent scientific authority, who would be able to check abuses and stop the practice of such exercises as endanger life or limb, and thus prevent accidents of so severe a character as many of those which unfortunately have occurred at some of the gymnasiums of London since the revival or more general introduction of the art during the last few years. As such a post of supervision could hardly be remunerative, at least under the present circumstances, when most of the gymnasiums are struggling for a mere existence, it would be another labour of love among the many which fall to the lot of the medical profession, unless the Board of Health could be induced to see that it is a part of its duty to exercise a salutary and necessary control over the several gymnasiums in London.

From the statements about the organisation of gymnastics in Sweden, which from time to time have appeared in THE LANCET, you will have seen that such a control has been introduced in that country, notwithstanding that it be imperative for everyone who engages in the gymnastic profession to pass a previous examination at the Central Gymnastic Institution in Stockholm in Anatomy, Physiology, &c., as well as in the direct practical details of the art. So much the more, then, would a similar control be desirable here, where no institution for the training of the gymnastic teacher as yet exists.

Not wishing to trespass any further on your valuable space, I would only mention, with reference to your article of Dec. 18th, "On Mechanical Vibratory Motion as a Remedy," that this method was first introduced by a medical man in Sweden about seven or eight years ago, and was then looked upon merely as an abortive attempt to imitate Ling's beomechanical treatment and manipulations. There is, however, at present an establishment in Stockholm patronised by the profession, where medico-gymnastic treatment is carried on by steam-power and purely mechanical appliances; but although the vibratory motion thus obtained may be useful in several instances, everyone will readily perceive that steam-power, however ingeniously applied, will, as a rule, be found no more able to supply the infinite variety of tactile modifications and motions of the human hand in the medico-gymnastic treatment than it would be as applied to pure surgical manipulation.

I am, Sir, yours, &c.,
A. GEORGII,
Formerly Professor of Anatomy at, and Sub-Director of, the Gymnastic Central Institution at Stockholm.

Wimpole-street, Dec. 30th, 1869.

*Caius.*—There are no institutions into which such a patient could be received and detained under care and treatment, except asylums, where, of course, certificates are required. If the lady went anywhere else, she must go and remain of her own free will. If the case be as represented, is it not possible to obtain certificates?

A CORRESPONDENT asks when the new edition of Druitt's Surgery will appear?

### MEDICAL SICK CLUB.

*To the Editor of* THE LANCET.

SIR,—Can you or any of your readers inform me if a Medical Sick Club has been formed? and if so, from whom can I obtain particulars?

I am, Sir, yours, &c.,
L.R.C.P.E.

Whitby, Jan. 11th, 1870.

*Mauna.*—The long-continued use (say six weeks) of the mineral water named might very probably be beneficial; but as each case requires to be specially considered in reference to details of treatment, our correspondent had better consult some authority on the subject.

*Mr. William Johnson.*—Next week.

### PROMOTION IN THE ARMY MEDICAL SERVICE.

*To the Editor of* THE LANCET.

SIR,—In compliance with a resolution of the Irish Medical Association passed in June last, I sent a letter to Mr. Cardwell on the subject of promotion of assistant-surgeons in the Queen's army after twelve years' service, pointing out the disadvantages of the present system, and the advantages of that proposed. I have not yet received an answer or acknowledgment from Mr. Cardwell; but feel satisfied, from his well-known courtesy, that there is some reason for the delay.

I am, Sir, your obedient servant,
JAS. MARTIN,
President of the Irish Medical Association.

Portlaw, Dec. 6th, 1869.

### DIETETIC TREATMENT OF TYPHOID FEVER.

*M. A. B.* is, no doubt, an excellent and very conscientious sick-nurse, and she has got hold of the right ideas, in the main, about the respective uses of the various invalid foods, and of stimulants in fever. If we have a fault to find with her, it is that she is just the least bit in the world too given to the elaboration of theories which are too perfect for this sinful world.

*A Lay Reader of* THE LANCET.—The legal enactments for the temporary care of patients temporarily afflicted are the same as those for patients requiring permanent care. Our correspondent being unable to pay for surveillance over his wife at home or with friends, there is no other course but to send her to the parish infirmary, whence she may be sent to the county asylum, if the medical officer thinks it a fit case for the asylum. Of course the patient would not be kept there after she had recovered; but it is not likely that the medical officer of the asylum, being acquainted with the characters of recurrent mania, would recommend her discharge until he had satisfied himself by observation extending over more than one catamenial period.

### PORTRAITS OF WILLIAM HARVEY, M.D.

*To the Editor of* THE LANCET.

SIR,—In answer to the query of "Anatomist" in your issue of Jan. 1st, I would recommend him to pay a visit to the shop of Mr. J. Russell Smith, of Soho-square, who has a large and choice collection of old engravings. The last catalogue I received contained several portraits of Wm. Harvey, but not the one mentioned by your correspondent. This one is by Houbraken, from a painting by *Bemmel*, not *Bemmel*. It is an illustrated head. The painting was formerly in the collection of Dr. Mead, but is now in the possession of Lord Galway. The engraving by Houbraken is one of the best of his illustrated heads, being much finer than his "Sir Saml. Garth, M.D." I have one which I picked up in a shop at Birmingham, and which I am willing to exchange for the one by McArdell, the mezzotint engraver, or any other good one.

Yours faithfully,
WM. HENRY HAYWARD.

Oldbury, January 3rd, 1870.

*To the Editor of* THE LANCET.

SIR,—In reply to "Anatomist," who wishes to be informed where he can obtain a print of Dr. Wm. Harvey, the discoverer of the circulation of the blood, engraved by Houbraken in 1730, and painted by Bemmell, I beg to inform him that I have one in my possession in a perfect state, and in its original black frame, with a narrow gilt moulding. It is really a fine engraving, and has not been equalled of late years. If "Anatomist" will make a good offer for the same, he may have it.

Yours truly,
THOS. ROSS.

Market-street, Wakefield, Jan 12th, 1870.

*Mr. J. T. Igon*, (Liverpool.)—Yes, as regards those known as such to the police. Portsmouth is included among the places under the Contagious Diseases Act.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Syme, Edinburgh; Sir John Gray; Prof. Humphry, Cambridge; Dr. Playfair; Dr. Tuke, Cupar; Mr. Andrew S. Melville, Edinburgh; Mr. Heather Bigg; Dr. Barnes; Dr. Marcet; Mr. Hyslop; Mr. Beckingham; Mr. T. Ross; Mr. Lithgow; Dr. Felce; Dr. Buck, Streatham; Mr. W. Humby, Bournemouth; Dr. Massy, Brighton; Dr. Cochrane; Mr. Lee, Preston; Mr. Owen; Dr. Kemp, Castleford; Mr. Bruce; Mr. Davies; Mr. Neill; Mr. Johnson, Cinderford; Mr. White; Mr. Bradford; Dr. Purnes; Mr. George Clark, Ventnor, Isle of Wight; Dr. Haldane, Edinburgh; Mr. Woden; Dr. Bland; Mr. Lovell, Bristol; Dr. Macintosh; Dr. Clarke, Chasetown; Dr. Porter, Allolah; Mr. Mayne Ward; Dr. Smallman, Hartlepool; Mr. A. Hawkes, Glasgow; Mr. Sayer, Kenwing Hall; Mr. Clifton; Dr. Ogston, Aberdeen; Mr. Lyle, Exeter; Mr. Megget, Scarborough; Mr. Hamain, Liverpool; Dr. Maclachlan, Newcastle; Dr. Caldwell, Shotts; Dr. Condon, Rangoon; Mr. Dalton; Dr. Allan, Bonar Bridge; Mr. Walshe; Mr. Crowdace, Nagpore; Mr. Richardson, Dunedin; Mr. Byerley; Mr. Adams, Lanark; Mr. Morrish; Mr. Bell; Mr. Brown; Mr. G. Ross; Dr. Fisher, Clifton; Dr. Colman; Dr. Thresh; Dr. Sisson; Mr. Cargenven; Mr. Hamilton; Mr. Coales; Dr. Thorne; Mr. Chetwood; Mr. Philippant; Mr. M'Cheane, Liverpool; Dr. Drummond Smith; Messrs. Molineux and Co., Hessle; Dr. Martin, Little Hulton; Mr. Morgan, Culmstock; M. Michele, Paris; Mr. Williams; Mr. Walton; Dr. Robertson; Dr. Deville; Mr. Jennings, Coleford; Mr. Gibson; Mr. Thomason; Dr. Vines; Mr. Sutton, Norwich; Dr. Delaney; Mr. Fernie, Upton; Dr. Crowther, Alford; Mr. Pritchard, Gloucester; Dr. Pearce; Mr. C. E. Hardyman, Worcester; Dr. Garrett, Hastings; Dr. Gourley, West Hartlepool; Dr. Macdonald, Ramsgate; Dr. Rogers, Carlton; Dr. Ilderton, Fairfield; R. Y. D.; Fleam; F. S.; X.; Vade Mecum; C. D.; An Old Subscriber; Alcohol in its Place; J. T. L.; An Oxford Medical, Algiers; R. M. P.; A University Graduate; Inquirer; L.R.C.P.E.; A Sixteen Years' Subscriber; E. G.; A Madras Army Surgeon; The Editor of the *Australian Medical Journal*; W. B.; M. M.; Surgeon; Cains; M.D., Croydon; The "One Dissentient;" A. B.; ——, Tasmania; D. R. R.; A Lay Reader; &c. &c.

*Brighton Gazette, United Service Gazette, Scarborough Gazette, Hertfordshire Standard, Scotsman, Sunderland Times, Australian Medical Gazette, Walsall Free Press, Australian Medical Journal, Melbourne Daily Telegraph, South Durham Herald, Hobart Town Mercury, La Santé Publique, Weymouth Telegram, Lincoln Standard, Transactions of the Odontological Society, Treleaven and Public Advertiser, Illustrated Midland News, Parochial Critic, Macclesfield Advertiser, Preston Chronicle, Books Herald, Whitehaven News, North British Daily Mail, Indian Medical Gazette, Welshman, Nelson Evening Mail*, and *Bradford Telegraph* have been received.